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**TB CARE I**

# **TB CARE I - Indonesia**

**Year 2  
Quarterly Report  
April-June 2012**

**July 30, 2012**

## Abbreviation

ACDA  
ACSM  
AIDS  
APA  
ART  
Askes  
ATM  
ATS  
BBLK  
BLK  
BPOM  
BPPM  
BPPSDM  
BPSDM  
BSC  
BUK  
C/DST  
Cat  
CCM  
CDR  
CHAI  
CPT  
DHO  
Ditjenpas  
DIY  
DKI  
DMP  
DMU  
DOTS  
DRS  
EQA  
EQAS  
e-TBM  
EXPAND TB  
FHI360  
FLD  
FM  
GDF  
GF  
GLC  
HCW  
HDL  
HIV  
HQ  
HRD  
IAI  
IC  
IDAI  
IEC  
IMA  
IPT  
IUATLD  
Jamkesmas  
Jamsostek  
JATA

JSI/DELIVER  
Kanwil Kumham  
KARS  
KFT  
LED  
LFT  
LQAS  
M&E  
MDR  
MIFA  
MO  
MoH  
MoLHR  
MoT  
MoU  
MSH  
MTB  
MTB/RIF  
NAD  
NAP  
NGO  
NPO  
NRL  
NTP  
OJT  
OR  
PAPDI  
PC  
PCA  
PHO  
PITC  
PLHIV  
PMDT  
PMU  
PPM  
PPTI  
PtD  
Pusdatin  
Puskesmas  
QA  
Q  
QUOTE TB  
RAN  
RR  
RS  
SEARO  
SIKDA  
SITT  
SLD  
SMT  
SOP  
SRL  
SSF  
TA  
TB  
TBCTA  
TOR  
TORG

TOT  
TWG  
UGM  
UI  
UKBM  
USAID  
WG  
WHO

Advance Course of DOTS Acceleration  
 Advocacy, Community and Social Mobilization  
 Acquired Immunodeficiency Syndrome  
 Annual Plan of Activity  
 Anti Retroviral Therapy  
 Asuransi Kesehatan (Health Insurance Company)  
 AIDS, Tuberculosis, Malaria  
 American Thoracic Society  
 Balai Besar Laboratorium Kesehatan (Grand Office of Health Laboratory)  
 Balai Laboratorium Kesehatan (Office of Health Laboratory)  
 Badan Pengawas Obat dan Makanan (Food and Drug Administration)  
 Bina Pelayanan Penunjang Medik (Medical Laboratory Support Services)  
 See BPSDM  
 Badan Pengembangan Sumber Daya Manusia (Human Resource Development Unit)  
 Biological Safety Cabinet  
 Bina Upaya Kesehatan (Directorate of Medical Services)  
 Culture/Drug Sensitivity Test  
 Category  
 Country Coordinating Mechanism  
 Case Detection Rate  
 Clinton Health Access Initiative  
 Cotrimoxazole Prevention Therapy  
 District Health Office  
 Direktorat Jenderal Pemasyarakatan (Directorate of Correctional Services)  
 Daerah Istimewa Yogyakarta (Yogyakarta Special Region)  
 Daerah Khusus Ibukota (Capital Region)  
 Data Management Plan  
 Data Management Unit  
 Direct Observed Treatment - Short Course  
 Drug Resistance Surveillance  
 External Quality Assurance  
 EQA System  
 e-TB Manager  
 Expanding Access to New Diagnostics for TB  
 Family Health International 360  
 First Line Drug  
 Faculty of Medicine  
 Global Drug Facility  
 Global Fund  
 Green Light Committee  
 Health Care Worker  
 Hospital DOTS Linkage  
 Human Immunodeficiency Virus  
 Head Quarters  
 Human Resource Department  
 Ikatan Apoteker Indonesia (Indonesian Pharmacists Association)  
 Infection Control  
 Ikatan Dokter Anak Indonesia (Indonesian Pediatricians Association)  
 Information, Education, and Communication  
 Indonesian Medical Association  
 Isoniazide Prevention Therapy  
 International Union Against Tuberculosis and Lung Disease  
 Jaminan Kesehatan Masyarakat (Social Security and Health Insurance)  
 Jaminan Sosial Tenaga Kerja (Social Security and Health Insurance for Employee)  
 Japan Anti Tuberculosis Association

John Snow International  
Law and Human Right Health Office  
Komite Akreditasi Rumah Sakit (National Committee of Hospital Accreditation)  
Kidney Function Test  
Light Emitted Diode  
Liver Function Test  
Lot Quality Assurance Sampling System  
Monitoring and evaluation  
Multi Drug Resistant  
Management Information for Action  
Medical Officer  
Ministry of Health  
Ministry of Law and Human Rights  
Modification Tracker  
Memorandum of Understanding  
Management of Science for Health  
Mycobacterium tuberculosis  
Mycobacterium tuberculosis/Rifampicin resistant  
Nangroe Aceh Darussalam  
National AIDS Program  
Non-governmental Organization  
National Program Officer  
National Reference Laboratory  
National Tuberculosis Program  
On the Job Training  
Operational Research  
Persatuan Ahli Penyakit Dalam Indonesia (Indonesian Internists Association)  
Personal Computer  
Patient Centered Approach  
Provincial Health Office  
Provider Initiated Testing and Counseling  
People Living with HIV  
Programmatic Management of Drug Resistant Tuberculosis  
Project Management Office  
Public Private Mix  
Perkumpulan Pemberantasan Tuberkulosis Indonesia (Indonesian Tuberculosis Elimination Association)  
People to Deliver  
Pusat Data dan Informasi (Center of Data and Information Ministry of Health)  
Pusat Kesehatan Masyarakat (Public Health Center)  
Quality Assurance  
Quarter  
Quality of Care as seen through the Eyes of the Patient  
Rencana Aksi Nasional (National Action Plan)  
Recording and Reporting  
Rumah Sakit (Hospital)  
South East Asia Regional Office  
Sistem Informasi Kesehatan Daerah (Regional Health Information System)  
Sistem Informasi Tuberkulosis Terpadu (Integrated Tuberculosis Information System)  
Second Line Drug  
Senior Management Team  
Standard Operating Procedure  
Supranational Reference Laboratory  
Single Stream Funding  
Technical Assistance  
Tuberculosis  
Tuberculosis Coalition for Technical Assistance  
Term of Reference  
Tuberculosis Operational Research Group

Training of Trainer  
Technical Working Group  
Universitas Gadjah Mada  
University of Indonesia  
Upaya Kesehatan Berbasis Masyarakat (Public Based Health Services)  
U.S. Agency for International Development  
Working Group  
World Health Organization







## Quarterly Overview

<b>Reporting Country</b>	<b>Indonesia</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	<b>ATS, FHI, JATA, MSH, The Union, WHO</b>
<b>Date Report Sent</b>	30/07/2012
<b>From</b>	MA Hamid Salim
<b>To</b>	USAID/Jakarta
<b>Reporting Period</b>	<b>April-June 2012</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	56%
2. Laboratories	56%
3. Infection Control	38%
4. PMDT	49%
5. TB/HIV	64%
6. Health Systems Strengthening	49%
7. M&E, OR and Surveillance	50%
8. Drug supply and management	63%
<b>Overall work plan completion</b>	<b>53%</b>

### Most Significant Achievements

#### GeneXpert Expansion and PMDT

- In addition to 5 GeneXpert sites, seven new sites are prepared for GeneXpert implementation. Progress has been made to sign the MoU (Memorandum of Understanding) between NTP and new 7 GeneXpert sites.
- TB CARE facilitated diagnosis of four MDR suspects in inmates from West Java prisons by GeneXpert. Three of the suspects were TB and rifampicin resistant and transferred to DKI prison for treatment in Pengayoman Hospital in DKI.
- As per 30 June 2012, a total of 751 of suspects were examined using GeneXpert. Out of them, 472 were diagnosed with MTB, of whom, 184 were confirmed as rifampicin resistant. However, immediate enrollment for treatment remains a challenge, only 79 patients were directly enrolled for treatment after GeneXpert diagnosis. Reasons given for this slow enrollment include: 1) diagnosis needs to be confirmed through drug sensitivity test (DST), 2) patients are still in pre-enrollment phase, 3) limited ward capacity. One patient died awaiting examination results. Data are still being verified.

#### National TB Web-based Reporting and Recording

- TBCARE I intensively assisted and supported National TB Program to meet Global Fund Conditions Precedent 2012, including development and implementation of a web-based TB case and logistics recording and reporting system. This system is called SITT (System Informasi Tuberculosis Terpadu/Integrated Tuberculosis Information System):
- All 33 provinces now have one trained TB focal person (wasor) who is able to utilize this information system. Currently TB district TB wasors are trained as system end-users by these provincial focal points.
  - By 30 June 2012, 368 districts out of 497 districts in Indonesia (74%) have their TB case-based and logistics registers uploaded to the SITT, which are now available and accessible online.

#### TBCARE APA3 Consensus Meeting

- In 19 June 2012, TBCARE I APA3 Consensus meeting was conducted aiming to develop a work plan focusing on NTP priorities and complimentary to GF support, in line with TBCARE I expected outcomes. The participants were NTP, USAID, TBCARE I staff, partners and other major stakeholders.

#### Hospital Implementing DOTS

During this quarter, thirteen large hospitals in TBCARE I supported areas initiated implementation of DOTS. With this, the APA2 target to engage 42% of the hospitals in NTP was achieved. (Add data)

#### Laboratory

Three new laboratories are ready to receive EQA panel testing (BLK Semarang, RS Adam Malik, BLK Jayapura). Panel test was sent in June for BLK Jayapura and will be sent in July/August 2012 for the remaining two. National culture and guidelines were finalized.

#### National Exit Strategy

Exit strategy guidelines developed by MOH with support of TBCARE I were published and distributed in April 2012. This document outlines strategy and steps to be taken by NTP at all levels to ensure continuation of control activities during and after the phasing out of external support. This guideline will be part of the National Exit Strategy document including the results of Cost Effectiveness Study (will be available by the end of July 2012) and exit strategy indicators.

#### TB Infection Control

TBCARE I assisted Medical Services Department MoH to finalize the National TB IC guidelines. Printing

will happen in APA2 last quarter.

#### **Overall work plan implementation status**

Work completion increased from 20% previous quarter into 53% this quarter, varying from 38% to 64% per technical area. It is expected that coalition partners will keep the progress speeding up to achieve the expected outcomes and meet the targets set. Some activities conducted in this quarter are activities rescheduled from Q2. Financial absorption also increased from 16% to 43%. The timeliness and quality of reporting from the partners have considerably improved this quarter.

#### **Technical and administrative challenges**

##### **Technical Challenges**

- Several technical officer vacancies for PPM and PMDT in provinces could be filled during this quarter, however, some key positions are still vacant. The main challenge remains to fill the position of PMDT technical officer at representative office to oversee the PMDT implementation and expansion at national level. Shortage of technical human resources is one of the reasons hampering achievement of several technical areas.
- Some NTP activities were added to the APA2 work plan because of delay in SSF GF approval. When GF funding became available, these activities became redundant.
- The process of APA3 planning is laborious and time consuming, due to the large scope of work in the project and the complex process of coordinating all collaborating partners.
- Coordination and implementation of M&E at the various levels, considering the large number of planned activities, remain a challenge, although there is considerable improvement compared to the beginning of APA2.

##### **Administrative Challenges**

- The coordination and timely response to the differing needs of TB CARE partners and NTP remains a challenge, as does ensuring compliance by all partners with TB CARE I and USAID regulations. TB CARE has recruited 1 position of project coordinator and this will help in the longer term. However with the APA 3 planning in process and absence of some key positions in KNCV, it is still a struggle to keep up with all issues that need to be dealt with in a timely manner.
- During this period where planning for APA 3 began, KNCV also planned to move offices in early July, this also resulted in additional work for the administration team to prepare and organize the move. To assist with these additional tasks KNCV has contracted a consultant to work for 3 months to take on some of the work of the Deputy Project Director. This contract began in 3rd week of June.

## Quarterly Technical Outcome Report

Technical Area 1. Universal and Early Access								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result Y2	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year			
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with the services provided (Population/Patient Centered Approach)	1.1.1 Updated information available on the quality of services from a patients' perspective Indicator Value: Yes/No	No	2011	yes	2012	No	Generic PCA tools and questionnaire were adapted and translated. PCA will be implemented in August 2012.	This activity delayed due to other priority of NTP. Activity is expected to finish in December 2012.
	1.1.2 Cost to patients for TB diagnosis is measured Indicator Value: Yes/No	No	2011	yes	2012	No	Cost effectiveness study is ongoing, data were collected in Central Java and the result is expected to be available at the end of July 2012.	Cost study result will be part of NTP exit strategy document for GF ATM fund.
	1.1.3 Patients' Charter is implemented Indicator Value: Score (0-3) based on definition	1	2011	2	2012	1	No activity was done this quarter	Patients' Charter implementation is under local NGO as GF sub-recipient. TBCARE is providing TA.
1.2 Increased quality of TB services delivered among all care providers (Supply)	1.2.5 Percentage of hospitals implementing DOTS Description: Percentage hospitals implementing DOTS among general hospitals serving TB patients in TB CARE I areas. Indicator Value: percentage Level: TB CARE 1 geographic areas Source: quarterly provincial reports Means of Verification: annual assessment report Numerator: Number of general hospitals implementing DOTS Denominator: Total number of general hospitals serving TB patients in TB CARE 1 areas	38%	2010	42%	2012	44% (143/325)	TBCARE I support this quarter is to improve DOTS implementation quality in existing DOTS hospitals. This assistance comprises of technical support, on the job training and supervision to selected general hospitals.	Next step is to speed up DOTS expansion to 20 more hospitals. This includes compliance to hospital DOTS accreditation standards set by Medical Services. Bottleneck remains shortage of technical officers to assist DOTS implementation in hospitals. Several technical officers positions for West and East Java could be filled in this quarter.

	1.2.6 Percentage of prisons conducting screening for TB Description: Percentage of prisons conducting screening for TB in TB CARE I areas. Indicator Value: percentage Level: TB CARE 1 geographic areas Source: quarterly provincial report Means of Verification: annual assessment report Numerator: Number of prisons conducting screening for TB Denominator: Total number of prisons in TB CARE 1 areas	34%	2010	55%	2012	(20/20) 100%	Advocacy visit to prisons, pre-screening coordination meeting with PHO and health facilities were conducted in TB CARE supported prisons for preparation of TB screening.	Continue TA provided by TBCARE I to assure those with TB symptoms are diagnosed and those who are positive are treated.
	1.2.5 Number of health insurance agencies that provide coverage for TB Description: Number of private and public health insurance agencies that provide coverage for TB Indicator Value: number Level: national Source: annual report Means of Verification: annual insurance association report Numerator: Number of health insurance that provide coverage for TB	1	2010	3	2012	3	Three health insurance parties (Askes, Jamsostek and Jamkesmas) are now involved in supporting their clients for TB diagnostics and treatment since January and there is no activity conducted this quarter to address this outcome indicator.	Target achieved. No significant challenges found, no more activities planned in APA2 to address this expected outcome indicator.
	1.2.5 DOTS included in standard for hospital accreditation Indicator Value: Yes/No Level: National Source: National hospital accreditation standard	No	2011	yes	2012	Yes	DOTS is included in standard for hospital accreditation launched officially by the Minister of Health in February 2012. There is no activity conducted this quarter to address this outcome indicator.	Challenge is to ensure the quality of hospital accreditation as published by KARS (National Committee for hospital accreditation) meets national TB control standards.

Technical Area	2. Laboratories							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		

2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	2.1.1 A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP Indicator Value: Score (0-3) based on definition.	Score 1	2011	Score 2	2012	Score 2	Laboratory annual implementation plan and budget is available for the current year. Activities include: - drafting biosafety guideline - finalizing C/DST guideline - developing training module, curricula and training material for TB referral lab - preparation for NRL renovation	Lack of clear working mechanism of NRL to function properly. A meeting focusing on developing networking mechanism between NTRLs, and integration of Expand TB project with National TB lab strengthening activities carried by TB CARE and GF has been conducted. This mechanism is expected to be agreed in August 2012.
	2.1.2 Laboratories with working internal and external quality assurance programs for tests that they provide including: a) smear microscopy, b) culture, c) DST, and d) rapid molecular test	a) Microscopic: 30% b) Culture: 5/46 = 11% c) DST: 5/5 = 100% d) Rapid mol. = N/A	2011	a) Microscopic: 40% b) Culture: 8/46 = 17% c) DST: 5/5 = 100% d) Rapid mol. = 17/17 = 100%	2012		EQA panel test for C/DST was sent to Papua (BLK Jayapura).	EQA panel will be sent to 5 existing quality assured labs plus 3 additional labs (RS Adam Malik, BLK Semarang and Microbiology UGM) in July/August 2012.
2.2 Ensured the availability and quality of technical assistance and services	2.2.1 Technical assistance visits from a SRL through a formal link of memorandum of agreement Indicator Value: Date (1st date: Most recent visit of SRL 2nd date: next planned visit of SRL).	Recent visit: 09-27 May 2011	2011	3 visits, 71 days in total	2012	2 visits as per 30 June 2012	On SRL visit in June 2012, 9 labs met the criteria to be panel tested in 2012. These labs include existing 5 quality assured labs and new 4 labs (RS Adam Malik, BLK Semarang, Microbiology UGM and BLK Jayapura).	Next visit is planned in 17 September - 10 October 2012.
2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	2.3.1 New technologies have been introduced Indicator Value: Number for each technique below by Central, Provincial, district and Peripheral levels 1. TB culture 2. First line DST 3. Second-line DST 4. HAIN MTBDRplus	1) TB Culture: 46 labs 2) FL DST: 5 labs 3) SL DST: 5 labs 4) Hain= 3 labs 5)GeneXpert= 0 lab	2011	1) TB Culture: 46 labs 2) FL DST: 5 labs 3) SL DST: 5 labs 4) Hain= 3 labs 5)GeneXpert= 17 labs	2012	1) TB Culture: 46 labs 2) FL DST: 5 labs 3) SL DST: 5 labs 4) Hain= 3 labs 5)GeneXpert= 5 labs	Preparation for MoU signing in July between NTP and 7 GeneXpert sites	GeneXpert expansion is linked to the speed of PMDT expansion, since the GeneXpert placement can only be done in sites where MDR-TB treatment is available or network with MDR-TB treatment center is established.
	2.3.2 Laboratories offering rapid tests for TB or drug-resistant TB Indicator Value: Number of laboratories Numerator: Number of laboratories using GeneXpert MTB/RIF and HAIN MTBDRplus disaggregated by type of technology and also disaggregated by national and TB CARE areas.	1) Hain = 3 labs 2) GeneXpert= 0 lab	2011	1) Hain = 3 labs 2) GeneXpert= 17 lab	2012	1) Hain = 3 labs 2) GeneXpert = 5 labs	One more GeneXpert machine in West Java province (Hasan Sadikin hospital) started full operation in April 2012 brings the total number of diagnostics sites operating GeneXpert to five. In this quarter, self assessment was done in 2 new sites.	See above

	2.3.3 Rapid tests conducted Indicator Value: Number of tests Numerator: Annual number of tests (separately for GeneXpert MTB/RIF and HAIN MTBDRplus) conducted disaggregated by national and TB CARE areas.	Hain 185 tests GeneXpert 0 tests	2011	Hain 185 tests GeneXpert 1500	2012	GeneXpert 736 suspects tested by the end of June 2012	As per 30 June 2012, a total of 751 of suspects were examined using GeneXpert. Out of them, 472 were diagnosed with MTB, of whom, 184 were confirmed as rifampicin resistant.	- Immediate enrollment for treatment remains a challenge, only 79 patients were directly enrolled for treatment after GeneXpert diagnosis. - Per 30 June 2012, around 800 cartridges were used. Current average usage is 200 cartridges per month. Expected to expire will be around 500 cartridges.
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Technical Area		3. Infection Control						
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
3.1 Increased TB IC Political Commitment	3.1.1 National TB- IC guidelines have been approved and disseminated in accordance with the WHO TB IC policy Indicator Value: Yes/No	Yes, partly	2010	Yes, complete	2012	Yes, complete	Revision has been done and the National TB IC guidelines was finalized and will be printed in quarter 4.	Target achieved. Dissemination still to be done.
	3.1.2 TB- IC measures included in the overall national IPC policy Indicator Value: Yes/No	Yes, partly	2011	Yes, complete	2012	Yes, partly	National TB IC guidelines is partly incorporated in national IC policy. Details on these guidelines are included published in separate document.	National TB IC guidelines will be incorporated in hospital accreditation to engage more hospital in TB IC implementation.
3.2 Scaled-up implementation of TB- IC strategies	3.2.2 Key facilities with IC focal person, implementation plan, budget, and monitoring system Indicator Value: Number Numerator: The number of selected categories of key facilities with all three (a+b+c) interventions in place.	7	2010	12	2012	11	In addition to 7 existing hospitals, there are 4 new hospitals implementing TB IC with GF fund support.	TBCARE I will no longer support assessment of hospitals for TB IC implementation. Focus will shift to support in TB IC in-house training to prepare hospitals for hospital accreditation.

Technical Area	4. PMDT							
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		

4.1 Improved treatment success of MDR	4.1.1 TB patients, suspected of MDR, dying between request for lab examination and start of MDR treatment Indicator Value: Percentage Numerator: The number of TB patients (Cat I, Cat II) with confirmed HR or R resistance, who died between the date of the lab request and the start of MDR treatment Denominator: The total number of TB patients (Cat I, Cat II) with confirmed HR or R resistance.	Confirmed MDR TB 427, Died while waiting: 29(6.8 %)	2011	Confirmed MDR TB 790, Died while waiting<5%)	2012	Cumulative per 30 June 2012: Confirmed MDR TB 923, Died while waiting: 68 (7.4 %)	Up to date, GeneXpert as rapid diagnostic tool was introduced in 5 sites. The implementation of this tool will shorten treatment delay, thus reduce death among patients during waiting time.	NTP has prioritized certain categories of MDR patients that are diagnosed with GeneXpert to be confirmed with conventional DST before MDR treatment is started. This needs to be addressed.
	4.1.2 MDR TB patients who are still on treatment and have a sputum culture conversion 6 months after starting MDR-TB treatment Indicator Value: Percent Numerator: Number of MDR TB patients in a cohort who are still on treatment and had culture conversion latest at month 6 (having had 2 negative sputum cultures taken one month apart and remained culture negative since) Denominator: Total number of MDR patients who started treatment in the cohort.	MDR TB enrolled 180, converted within 6 months treatment: 139 (75.6%)	2011	MDR TB enrolled 700, converted within 6 months treatment:>75%)	2012	Cumulative per 30 June 2012: Among 374 eligible for 6 months test, 303 were converted (81%)	Conversion rate improved compared to previous year. About 10% patients are not yet converted after 6 months of treatment, and 9% of patients not yet examined.	Efforts are being undertaken to improve patients compliance during PMDT treatment.
	4.1.4 MDR TB patients who have completed the full course of MDR TB treatment regimen and have a negative sputum culture Indicator Value: Percentage Numerator: Number of MDR TB patients in a cohort who completed a course of MDR treatment and who fit the WHO criteria for cure or completed treatment Denominator: Total number of MDR patients who started treatment in the cohort	MDR TB patients enrolled: 44, cured: 8 (18.2%), treatment completed 2.3%, died 40.9%, defaulted 29.5% and failed 9.1%.	2011	MDR TB cure rate 80%	2014	Cumulative per 30 June 2012: MDR TB patients enrolled: 215, cured: 86 (40%), treatment completed 1.9%, died 24.2 %, defaulted 31.2 % and failed 2.8 %.	More patients are enrolled on treatment since the introduction of GeneXpert. Cohort data are being analyzed and will be reported separately. The high death rate in the past was caused by the long diagnostic process and late diagnosis, which is being addressed by the implementation of GeneXpert.	The next steps: - To establish satellite treatment sites to reduce defaulters and improve treatment compliance. - To promote referral of patients to nearby treatment centers. To address the high default rate, currently operational research on patient satisfaction is being conducted (using QUOTE TB tool).



Technical Area 5. TB/HIV								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y2		
5.1 Strengthened prevention of TB/HIV co-infection	5.1.2 Facilities that are providing HIV prevention message at TB services Indicator Value: Percent Numerator: Number of randomly-selected facilities, providing DOTS, which have a trained staff on HIV counseling. Denominator: Total number of facilities providing DOTS	90%	2011	100%	2012	This indicator is not measured quarterly but only annually.	Provider Initiated Testing and Counseling were conducted in Riau Islands, North Sumatra and West Papua.	According to national policy, not all facilities should perform TB-HIV activities. TBCARE I is following Provincial Health Offices plan for TB-HIV activities scaling up.
5.2 Improved diagnosis of TB/HIV co-infection	5.2.1 HIV-positive patients who were screened for TB in HIV care or treatment settings Indicator Value: Percent Numerator: Number of HIV-positive patients seen at HIV testing and counseling or HIV treatment and care services who were screened for TB symptoms, over a given time period. Denominator: Total number of HIV-positive patients seen at HIV testing and counseling or HIV treatment and care services, over the same given time period.	65%	2010	75%	2012	(2027/2347): 86% of HIV-positive patients were screened for TB.	Mentoring to facilities, technical working group, workshop and on the job training for recording and reporting were conducted to maintain achievements.	Continue TA to facilities, DHO, and PHO particularly on service delivery and recording reporting.
	5.2.2 TB patients with known HIV status Indicator Value: Percent Numerator: Total number of all TB patients registered over a given time period who were tested for HIV (after giving consent) during their TB treatment Denominator: Total number of TB patients registered over the same given time period.	6%	2010	15%	2012	(470/3276): 14% of TB patients were tested for HIV during their TB treatment.	See above	See above

	<p>5.2.3 TB patients who are HIV positive</p> <p>Indicator Value: Percent</p> <p>Numerator: Total number of all TB patients registered over a given time period who test HIV-positive (after giving consent) during their TB treatment</p> <p>Denominator: Total number of TB patients registered over the same given time period who are tested for HIV (after giving consent).</p>	2%	2010	5%	2012	(77/470): 16% of TB patients who were tested for HIV, were HIV positive.	See above	See above
5.3 Improved treatment of TB/HIV co-infection	<p>5.3.1 Registered HIV infected TB patients receiving ART during TB treatment</p> <p>Indicator Value: Percent</p> <p>Numerator: All HIV-positive TB patients, registered over a given time period, who receive ART (are started on or continue previously initiated ART)</p> <p>Denominator: All HIV-positive TB patients registered over the same given time period.</p>	30%	2010	40%	2012	(84/222): 38% of those TB-HIV co-infected received ART during their TB treatment.	See above	See above
	<p>5.3.2 HIV-positive TB patients who receive CPT</p> <p>Indicator Value: Percent</p> <p>Numerator: Number of HIV-positive TB patients, registered over a given time period, who receive (given at least one dose) CPT during their TB treatment</p> <p>Denominator: Total number of HIV-positive TB patients registered over the same given time period.</p>	60%	2010	80%	2012	(184/222): 83% of those TB-HIV co-infected received CPT during their TB treatment.	See above	See above

Technical Area 6. Health Systems Strengthening								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		
6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	6.1.1 TB care and control strategic plan embedded within national health strategies, including quantifiable indicators and budget allocations Indicator Value: Yes/No	yes	2010	yes	2012	yes	Target achieved	No challenges. TBCARE I assisted development of the exit strategy document. The exit strategy will be annex of the strategic plan (See quarterly overview)
	6.1.2 Government budget includes support for anti-TB drugs Indicator Value: Yes/No	yes	2010	yes	2012	yes	This quarter has no highlights. Currently all TB drugs are covered by government budget.	No challenges.
	6.1.3 CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups Indicator Value: Yes/No	yes	2010	yes	2012	yes	No activity planned or done this quarter.	No challenges.
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	6.2.2 Status of HRD strategic plans implemented Indicator Value: Score (1-3) based on definition.	0	2011	3	2014		An international HRD consultant assisted NTP to review all existing TB training materials and to assess whether training materials match with TB staff roles and tasks). Full task and skill analysis was performed for all staff categories.	NTP has identified that there are 19 types of TB training, the modules and training curricula have been standardized by MoH HRD unit (BPSDM). The structure for HCW training will be redesigned next year, so the review should be completed before the end of 2012.
	6.2.3 People trained using TB CARE funds Indicator Value: Number of people Numerator: Number of people trained disaggregated by gender and type of training.	446 Female: Male:	2011	500 Female: Male:	2012	453	There are 92 males and 163 females trained in Q3 (KNCV 19 male and 32 female, FHI 66 male and 124 female, The Union 7 male and 7 female)	Gender breakdown is only available for third quarter onwards. Only data on formal capacity building for more than 16 hours of session are recorded.

Technical Area 7. M&E, OR and Surveillance								
Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
		Data	Year	Data	Year	Y2		

7.1 Strengthened TB surveillance	7.1.1 An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels Indicator Value: Yes/No	yes	2005	yes, scale up and enhancement of software	2011	yes and scaled up	TBCARE I is intensively and continuously providing assistance to NTP for developing SITT (tuberculosis information system) consisting of case-based and logistics module. At the end of June, case-based and logistics data from 74% of all districts were uploaded and available online. (See overview)	Until the end of APA2, SITT development will focus on revision of the software and algorithm of data management. Support includes finalization of manuals and master plan. Preparation of next phase starts in quarter 4, includes developing modules of laboratory, HRD, and private sector.
7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	7.2.1 National M&E plan is up-to-date Indicator Value: Yes/No	yes	2011	yes, updated	2012	National M&E plan was updated in April 2011.	National M&E plan is being implemented.	NTP is planning to update their M&E plan next year.
	7.2.2 NTP provides regular feedback from central to lower levels Indicator Value: Percent per quarter Numerator: Number of quarterly feedback reports prepared and disseminated disaggregated by three levels. Denominator: Total number of recipient units/facilities at each level	100%	2009	100% (single web based information system is under development and will be implemented in 2014)	2012	100%	Feedback is provided by NTP to all provinces annually. Web-based information system (SITT) to improve feedback process from provincial to district level is being established. The provinces were trained to use SITT. TBCARE I assisted SITT development and supported the training.	SITT phase 2 is in preparation (see above). Training for district TB focal persons is currently being conducted with TBCARE I assistance.
	7.2.3 A data quality audit at central level has been conducted within the last 6 months Indicator Value: Yes/No	yes	2010	yes	2012	no	No RDQA was conducted this quarter. However, data validation is done annually by the NTP during monitoring and evaluation meeting in January 2012. The next data validation will be conducted in July 2012.	NTP is expected to reduce budget for data validation according to one of GF conditions precedent. Implementing SITT will reduce budget cost for data validation meeting.







7.3 Improved capacity of NTPs to perform operational research	7.3.1 OR studies completed and results incorporated into national policy/guidelines Indicator Value: Number (of OR studies and instances reported separately)	0	2010	2	2012	0	OR studies (batch 7-8) are still on-going. See challenge on the right.	Subcontracting process was a challenge but process completed and reported in Q2. As the result, OR studies (batch 7-8) have just started and are currently on-going.
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## Technical Area 8. Drug supply and management

Expected Outcomes	Outcome Indicators	Baseline		Target		Result	Highlights of the Quarter	Challenges and Next Steps to Reach the
		Data	Year	Data	Year	Y1		
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	8.1.1 Quarterly national stock information available Indicator Value: Number (as months of stock for FLDs and SLDs separately)	<u>FLD</u> : cat1 350,232 kits (14,8 months), cat2 5,787 kits (9.1 months), child 24,867 (1.4 months) <u>SLD</u> : Ethambutol (213,696), Pyrazinamid (207,000), Kanamycin (7,450), Capreomycin (4,402), Levofloxacin (151,900), Etionamide (329,400), Cycloserine (327,400), PAS (9,510), B6 (437,000) The minimum month of stock availability for FLD and SLD: 4 months	2011	FLD : cat1 397,501 kits, cat2 9,801 kits, child 44,668 kits SLD : Ethambutol (2,419,200), Pyrazinamide (2,419,200), Kanamycin (81,000), Capreomycin (27,000), Levofloxacin (1,905,120) Ethionamide (1,814,400), Cycloserine (1,814,400), PAS (181,440), Vit B6 (1,814,400)	2012	<b>As per 31 March 2012</b> FLD Cat 1 275,016 kits (11,6 months); Cat 2 7,034 kits (11,1 months); Child 37,256 kits (12,8 months) SLD Ethambutol = 133.723 tbl (9 month) Pyrazinamide = 189.000 tbl (8 month), Kanamycin = 22.690 vial (7 month), Capreomycin = 7400 (44 month), Levo = 353.700 (13 month), Ethionamide = 256.500 tab (12 month), Cycloserine = 261.100 tab (13 month), PAS = 8430 sachet (11 month), Vit B6= 334.000 tab (35 month)	No stock out experienced this quarter. Sufficient stock available for both FLDs and SLDs. Data as per 30 June 2012 will be available in NTP at the end of July 2012. Capreomycin was overstocked. 4000 vials were redistributed to Phillipines by NTP in March 2012.	Some provinces are expected to experience FLD over stock since these provinces were procuring their own FLDs in response to national stock out last year. TBCARE I provided technical assistance during the redistribution process within the country.
	8.1.2 Updated SOPs for selection, quantification, procurement, and management of TB medicines available Indicator Value: Yes/No	no	2010	yes	2012	Yes	No activity was conducted this quarter. SOP for selection, quantification, procurement, and management of FLD and SLD are available.	Despite availability of SOPs, the process for SLD clearance and distribution remains a challenge. See below.












	8.1.3 Diagnosed MDR patients who cannot be put on treatment due to stock-out of second-line anti-TB medicines Indicator Value: Number of patients	0	2010	0	2012	0	All of confirmed MDR TB patients are treated with second line TB drugs.	Although there are no MDR patients who cannot be put on treatment due to stock-out. Since some SLD are going to expire this year, some PMDT sites may run out of SLDs. Custom process to move drugs from port to NTP warehouse is still a challenge.
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## Quarterly Activity Plan Report









1. Universal and Early Access			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
1.1 Increased demand for and use of high quality TB services and improve the satisfaction with TB services provided (Population/Patient Centered Approach)	1.1.1	Continue support for existing PPM activities and expansion of hospital DOTS implementation	KNCV	87,787	 75%	Sep	2012	Support is being delivered by technical officers in provincial and national level to hospitals in 8 TBCARE I provinces (West Sumatra, DKI, West Java, Central Java, DIY, East Java, Papua, West Papua) by providing technical assistance, on-job training and supervision. This activity resulted in a cumulative 143 hospitals implementing DOTS. Main focus this quarter is to increase quality of DOTS implementation in these hospitals. More hospitals are expected to implement DOTS next quarter.
	1.1.2	Strengthen/ development of DOTS team in hospital	KNCV	5,249	 75%	Sep	2012	Internal hospital DOTS linkage strengthening in 8 TBCARE I provinces (West Sumatra, DKI, West Java, Central Java, DIY, East Java, West Papua, Papua). This contributes in the increase of case notification in the hospitals.
	1.1.3	To develop SOP (Standard Operating Procedure) for the Army ( Army, Air Force, Navy, Police) Hospitals DOTs Linkage	KNCV	8,736	Cancelled	Jun	2012	This activity is supported by GF funding
	1.1.4	To establish external linkage among Lung Clinics, District Health Office and Provincial Health Office in East Java	KNCV	4,304	 100%	Feb	2012	This activity is allocated for external linkage establishment in Central Java in February 2012, resulting in commitment of Lung Clinics, DHO and PHO to improve cure rate, success referral rate and CDR, also to lower MDR-TB risk through various following up steps, i.e. assistance in advocacy, utilization of mailing list, coordination between DHO and lung clinics, etc.
	1.1.5	Printing and distribution of PPM model	KNCV	6,307	 0%	Sep	2012	PPM model will be developed in August 2012 (see activity 1.2.7), followed by printing and distribution.
	1.1.6	Organize workshop to develop a tool and methods for DOTS accreditation of hopitals	KNCV	8,676	 100%	Mar	2012	DOTS accreditation tool was finalized. This tool will then be printed and distributed to be used for HDL, PPM and accreditation training.
	1.1.7	Socialization of Accreditation Guidelines	KNCV	12,582	 100%	Mar	2012	Accreditation guidelines was socialized to 11 provinces, province hospital association and accreditation sub directorate in 21-22 Mar 2012. Hospitals will prepare the accreditation for DOTS, while TBCARE I will follow up by assisting the hospital, based on assessment and priority setting.






	<b>1.1.8</b>	Advocate existing NGOs to expand community based DOTS screening strategy and provide technical assistance.	WHO	7,543	25%	Sep	2012	Technical assistance visit by national consultant has been done for North Maluku and West Nusa Tenggara. Advocacy to NGO for North Maluku planned in the first week of July 2012, while the proposal and plan for other provinces are being prepared for implementation. The activity will be completed in the last quarter.
	<b>1.1.9</b>	Rapid village survey/contact tracing of TB cases	WHO	21,776	25%	Aug	2012	Preparation and site selection has been completed for West and East Nusa Tenggara provinces, proposal has been sent to NTP. The activity will be implemented in July - August 2012.
	<b>1.1.10</b>	Assessment of prison for PMDT	FHI	956	100%	Mar	2012	Assessments were done in Cipinang narcotic prison and RS Pengayoman. In RS Pengayoman, the team reassessed the readiness of the hospital to initiate MDR patient treatment. Eventhough the director of hospital was formally appointed, the progress were slow (sputum microscopy examinations are not conducted anymore, in-patient ward for MDR patients are not prepared). Slow progress is affected by the fact that no operational budget for waste management and no budget for renovation and clean up the building/rooms are available. TBCARE I brought the findings to Director of Health and Care of Correction institution MoLHR and advocated to speed up the preparation.
	<b>1.1.11</b>	PMDT training for prison staff	FHI	5,438	0%	Sep	2012	Will be done in Q4. The SOP for referral of MDR suspects in the prisons is being drafted.
	<b>1.1.12</b>	TB Medical Standards Workshop	KNCV	23,475	25%	Sep	2012	This activity is still in coordination with BUK (Directorate of Medical Services MoH)
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2 Increased quality of TB services delivered among all care providers (Supply)	<b>1.2.1</b>	Conduct situation assessments for PPM	KNCV	17,996	75%	Jul	2012	PPM situation assessment is following PPM workshop (see below). This activity was done in 3 provinces (DIY, Central Java and West Sumatra). One situation assessment will be conducted in July 2012 for East Java. At the assessment, implementation and development potentials were identified.
	<b>1.2.2</b>	Organize PPM Workshop	KNCV	12,626	100%	Jun	2012	All 4 provinces (DIY, Central Java, West Sumatra, East Java) has completed PPM workshop as the initial step of PPM implementation. The workshop aimed to increase understanding of stakeholders about PPM.








<b>1.2.3</b>	Establish provincial PPM team	KNCV	6,622	 50%	Jul	2012	Among 4 provinces that are already assessed only two has established their provincial PPM team (DIY and West Sumatra). This team consists of stakeholders from 6 pillars of PPM and will be the motor of PPM implementation in their respective province.
<b>1.2.4</b>	Support hospital DOTS linkage meeting with all care provides in the selected cluster	KNCV	23,117	 0%	Sep	2012	Will be done in Q4
<b>1.2.5</b>	Strengthen Provincial PPM Team	KNCV	7,358	 25%	Sep	2012	This is an ongoing three monthly consolidation meeting among PPM team. PPM implementation and planning are discussed in this meeting.
<b>1.2.6</b>	To establish linkage between Insurance Parties and NTP	KNCV	2,742	 100%	Mar	2012	Agreement with national worker security system (Jamsostek) is updated and agreement with one biggest public insurance party (Askes) is established.
<b>1.2.7</b>	Develop PPM Model & PPM SOP	KNCV	3,882	 0%	Sep	2012	See activity 1.1.5.
<b>1.2.8</b>	Engage private sector in TB care and control	ATS	127,244	 0%	Sep	2012	Will be done in Q4
<b>1.2.9</b>	Technical Assistance to the Global Fund round 10.	ATS	77,778	 0%	Sep	2012	Will be done in Q4
<b>1.2.10</b>	Revised national strategy on TB control in correctional system	FHI	1,335	 100%	Mar	2012	The follow up meeting were facilitated by TBCARE I, attended by NTP, Ditjenpas, DKI PHO, Kanwil Kumham (Law and Human Rights Office) and TBCARE I. Result of discussion was that National Action Plan (RAN) will be developed, instead of revising the national strategy on TB control in prison. RAN were considered since it will describe and provide break down of the national strategy in more detail. TB-HIV algorithm in activity 1.2.11 will also be included in the RAN document. The draft of RAN is now being reviewed by NTP and Ditjenpas, waiting for approval.
<b>1.2.11</b>	Workshop of TB and HIV algorithm for correctional system	FHI	789	 100%	Mar	2012	See above (1.2.10)
<b>1.2.12</b>	Workshop of TB and HIV SOP for correctional system	FHI	4,158	 25%	Mar	2012	The generic SOP will be developed in Q4 to be adjusted by facilities accordingly.
<b>1.2.13</b>	Socialization of TB and HIV program in correctional system for 10 new prisons	FHI	48,209	 100%	Mar	2012	The socialization/advocacy meeting was conducted in 1 - 3 March 2012, Bandung. Participants: 75 Persons This activity resulted in Plan of Action including screening for all inmates, training for tamping (inmates volunteer), block leader and prison staffs, intensified case finding for PLHIV, HIV testing for TB patients, pre-release and post-release activities in 2012 was finalized. Follow up with Kanwil and prisons for the implementation of activities.



	<b>1.2.14</b>	Sub-agreement with 1 local NGO to work on TB and HIV in prisons in Jakarta	FHI	19,698	 75%	Sep	2012	In addition to supporting TB and TB-HIV activities in the 4 prisons in Jakarta, activities in two new TB CARE supported prisons were started and are now on going. This quarter, Partisan also facilitated the process of establishing Rutan Cipinang as ART satellite.
	<b>1.2.15</b>	Implementation of TB and HIV program in 16 prisons	FHI	50,373	 75%	Sep	2012	<p>Advocacy visits, preparation meeting for TB screening, TB screening, TB and TB-HIV education to inmates, TB-HIV socialization to prisons staffs, training for inmates volunteer, pre-post-release, and support group were on going in all TB CARE supported prisons. Some highlight:</p> <p><b>DKI Jakarta:</b>  Coordination meeting for Jakarta Timur &amp; Jakarta Pusat region – held in Kanwil Hukham DKI Jakarta on April 20th and April 26th, 2012 (Jakarta Pusat Cluster). The meeting involved Kanwil Hukham DKI Jakarta, All 6 Prisons/Detention Centers, Jakarta Pusat District Health Office, Puskesmas, FHI360 DKI Jakarta Province, NGO Partisan Club. Result of Activities: Those 2 meetings mainly discussed TB sputum examination backlog in 6 prisons especially when mass screening are held. Several Puskesmas already agreed to support these 6 prisons, but not for free. Prisons should pay Rp. 5.000/suspect for the sputum examination with total of only 5 suspects/day/Puskesmas. Another main issues are sputum transportation fee from Prisons/Detention Centers to Puskesmas. On the job training for TB-HIV RR was also conducted in prisons.</p> <p><b>West Java:</b>  TB CARE advocated and facilitated mobile chest x-ray in Cibinong and Paledang prison, resulting in the diagnosis and treatment of 5 negative AFB, x-ray positive in Paledang prison, and 8 AFB negatif, xray positive in Cibinong. The mobile x-ray van is from <u>Provincial Health Laboratory with the budget</u></p>
	<b>1.2.16</b>	Clinical mentoring and program monitoring in 20 prisons	FHI	36,226	 25%	Sep	2012	Mentoring were conducted in all six prisons in Jakarta. Case presentation by prison health staffs, discussion and visit patients were done in the mentoring. Recommendation for patient's management were given, and MDR suspects were identified during the sessions, mostly from TB-HIV. Follow up will be to prepare for facilitating the follow up MDR suspects.








	<b>1.2.17</b>	Supervision from Directorate of Correctional Services to 20 prisons	FHI	18,015	 100%	Jun	2012	TB and TB-HIV program Supervision from Ditjenpas was conducted in 20 prisons, involving NTP, PHO, DHO, and Kanwil. The level of TB and TB-HIV implementation was various between prisons. Feedback and recommendation which include testing for all TB patients with HIV risk factors or other clinical considerations, to perform HIV rapid test, to provide CPT, and updated recommendation regarding TB-HIV treatment, etc, were given to the health staffs and advocated to the health of prisons/detention centers.
	<b>1.2.18</b>	TB-HIV Collaboration Workshop; PITC; TB - HIV Record Report	FHI	90,009	 60%	Mar	2012	One more TB and HIV laboratory workshop for prisons' health staffs will be conducted in Q4
	<b>1.2.19</b>	Workshop lesson learned and sharing experience from 20 prisons	FHI	20,832	 0%	Sep	2012	Will be done by the end of Q4.
	<b>1.2.20</b>	Logistic for case detection	FHI	8,649	 100%	Mar	2012	Lab supplies to fill the gap of TB microscopy testing in Pengayoman Hospital and other prisons were procured
	<b>1.2.21</b>	Support sputum collection booth for 10 prisons	FHI	7,587	 100%	Mar	2012	Sputum collection booth are being distributed to 20 prisons.
	<b>1.2.22</b>	Workshop sincronization of TB and HIV reporting with MoLHR Health's reporting	FHI	2,003	 25%	Jun	2012	Will be completed in Q4
	<b>1.2.23</b>	Evaluation and recording process at existing 10 prison	FHI	18,234	 100%	Mar	2012	Workshop to evaluate and socialize the revised recording and reporting for TB and TB-HIV were held for 10 prisons (Lapas Salemba, Lapas Cipinang, Rutan Cipinang, Lapas Narkotika Cipinang, Lapas Bekasi, Lapas Gintung, Lapas Paledang, Lapas Pekalongan, Lapas Malang, Lapas Madiun) and Provincial Office of MoLHR. Result: - Challenges in the RR process were identified and addressed, which are: there was no clear guidance on what to report, to whom the report should be submitted, when and how to record. Formal letter from Ditjenpas was also requested by Kanwil to disseminate the required RR to other prisons that are not supported by TB CARE.
	<b>1.2.24</b>	Regular coordination meeting on TB and HIV with MoLHR and MoH	FHI	2,792	 75%	Sep	2012	Meeting was conducted to follow up on preparation of MDR management from prisons in Pengayoman hospital. Currently 2 patients were admitted and started MDR treatment in the hospital.







	<b>1.2.25</b>	Technical Assistance to low performance provinces and districts	WHO	17,137	 50%	Jun	2012	This activity is in progress in which the situation analysis and the development of specific local action plans are ongoing and will be completed in the next quarter as planned. The expected outcome for this activity is low performing provinces could improve their performance and rating on TB program, as shown by East Nusa Tenggara.
	<b>1.2.26</b>	Improve DOTS in 4 low performance provinces	WHO	116,626	 50%	Sep	2012	In country travel for national consultant as ongoing activity and will be completed in the next quarter as planned. The expected outcome for this activity is TA by national consultant to improve DOTS for improvement in performance.
	<b>1.2.27</b>	Provide Technical Assistance	WHO	12,306	 75%	Sep	2012	In country travel for MO as ongoing activity and will be completed in the next quarter as planned. The expected outcome of this activity is TA by MO-TB to improve DOTS for improvement in performance.
	<b>1.2.28</b>	Provide Technical Assistance to NTP and Province Health Offices	KNCV	6,967	 75%	Sep	2012	Technical assistance is being provided by PPM technical officer in national level to NTP and provinces for establishment and strengthening of PPM team and also implementation of HDL/PPM
	<b>1.2.29</b>	supporting GeneXpert implementation in prisons	FHI	17,176	 50%	Sep	2012	TB CARE facilitated diagnosis of four MDR suspects from West Java province (Paledang, Cirebon, Indramayu and Banceuy district) by GeneXpert. Three of the suspects were TB and rifampicin resistant and transferred to DKI (Cipinang Narcotic Prison) for treatment in Pengayoman Hospital in DKI.

	<b>1.2.30</b>	Training on supervisory skills for HDL supervisors	WHO	33,771	 100%	Sep	2012	Training was conducted in South Sumatra (Palembang district) and Banten province to get agreement on HDL TB supervisor who will be involved in periodic supervision to district hospital implementing DOTS and also an agreement of district hospital DOTS that will be supervised periodically. 3 PHO staffs and 5 hospitals DOTS supervisor in Banten province has been trained by 3 national facilitators (NTP, WHO, IMA). 3 PHO staff and 6 hospitals DOTS supervisor from hospitals in South Sumatera have also been trained by 2 national facilitators (NTP, WHO).
	<b>1.2.31</b>	Quarterly periodic visit by HDL supervisors to assist hospitals deliver quality services.	WHO	4,494	 50%	Mar	2012	Provincial HDL supervisory teams in Banten and South Sumatera have been established along with provincial HDL supervision mechanism. HDL supervision to district/private hospitals will be undertaken quarterly by team consisting of 1 PHO TB staff, 1 DHO TB staff and 1 doctor from provincial hospital.
					 <b>56%</b>			




2. Laboratories			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients	<b>2.1.1</b>	EQA Training	JATA	99,911	Cancelled	Sep	2012	It will be conducted after set-up PC at NTRL and 8 piloting districts. Reprogram to APA 3 and shift money to 2.1.14, 2.1.16 and new activity.
	<b>2.1.2</b>	Evaluation of EQA implementation	JATA	16,324	 0%	Sep	2012	It will be conducted at annual Meeting after set-up PC at NTRL and 8 piloting districts. Preceding meeting will be conducted in 6-7 September 2012.
	<b>2.1.3</b>	Printing report and form on EQA	JATA	44,969	Cancelled	Sep	2012	This activity is cancelled and reprogrammed to APA3
	<b>2.1.4</b>	TB Lab Working Group meeting	KNCV	24,202	 75%	Sep	2012	During April and May 2012, TB lab working group drafted biosafety guideline for TB lab on 18-20 April 2012 in Bandung, finalized C/DST guideline on 26, 27 and 30 April 2012, and developed training module for TB referral lab training on 24-25 May 2012 resulting in training module, curricula and training material for TB referral lab training. Steps in next quarter are to continue developing, revising and updating TB lab documents through meetings.




	2.1.5	Supervision/assessment to improve management of TB Lab networking and QA	KNCV	17,680	 50%	Sep	2012	<p>Assessment of TB lab network and EQA activities in province West Sumatera and East Kalimantan on 14-16 May 2012 and 29 May-1 June 2012 respectively, was technically assisted by Lab technical officer. The assessment resulted in several recommendation including socialization of the NTP guidelines to TB program managers in hospitals/health centers and lung clinics, strengthening institutions commitment on TB, socialization of EQAS and its protocol.</p> <p>1. Socialization of the National TB Program guidelines to TB Program Officer in hospitals/health centres and Lung Clinic</p> <ul style="list-style-type: none"> <li>- Algorithm of patients</li> <li>- RR</li> </ul> <p>2. Strengthening commitment of the institutions and Lab Team on TB Services : HDL internal linkage</p> <p>3. Socialization of EQAS and it's protocol, job discription of each Component of EQAS : Wasor, TB Lab in the insiturations, TB referral lab/ BLK</p> <p>4. Objective Selection for site of TB culture/dst lab, concerning the facilities (location, mechanical engineering concerning bio safety, equipments, Cosumables materials),lab.technicians capability and workload.</p> <p><b>Recommendation/action to be taken for East Kalimantan province:</b></p> <p>1. Socialization of the National TB Program guidelines to TB Program Officer in hospitals/health centres and Lung Clinic</p>
	2.1.6	Support LQAS workshop in 2 new provinces	KNCV	77,263	 50%	Jun	2012	<p>TA for LQAS workshop in Yogyakarta province on 01-04 May 2012. Participants: (M= 18, F=68)Provincial Health office, Provincial wasors, District Wasors, Provincial Health Laboratory and health Centre Units. Preparation for LQAS workshop in Bangka Belitung and Kepri province already completed.</p> <p><b>Next steps:</b></p> <ul style="list-style-type: none"> <li>- Yogyakarta province will start implementation of LQAS in Q2 2013</li> <li>- Workshop LQAS in Bangka Belitung and Kepri province will be conducted on 02-06 July 2012 and 23-27 July respectively</li> </ul>




	<b>2.1.7</b>	Training/Refreshing training on smear microscopic for Provincial TB reference lab	KNCV	18,339	 50%	Sep	2012	<b>Progress:</b> TA for TOT of microscopy for Provincial TB reference Lab was conducted on 07-11 May 2012. 12 Participants (M=3, F=9) consist of 10 lab technicians from 10 provincial reference labs and 2 from BPPM. <b>Recommendation:</b> - Synchronizing training materials and exercises focusing on the main duties of TB Lab technicians
	<b>2.1.8</b>	Establish intermediate laboratory	KNCV	7,957	 50%	Sep	2012	<b>Progress:</b> TA for training of intermediate lab to enhance their skill to conduct EQA microscopy on 11-12 June 2012 in BLK Bandung. <b>Participants:</b> 12 lab technicians (M=2, F=10) <b>Next steps:</b> The trained lab technician ready to evaluate cross check comply with LQAS method
	<b>2.1.9</b>	Provide AFB microscopic panel testing	KNCV	6,674	 100%	Mar	2012	<b>Progress:</b> Evaluation of AFB microscopic panel testing have been completed on June 2012 <b>Result:</b> all 6 provincial labs who sent back the result are passed: Kepri, Banten, Bangka Belitung, North Maluku, West Papua and West Sulawesi.
	<b>2.1.10</b>	Refreshing training on smear microscopic in Papua province	KNCV	17,380	 0%	Sep	2012	Will be done in Q4 (16-20 July 2012)
	<b>2.1.11</b>	Provide EQA panel test for cultur/DST	KNCV	24,527	 50%	Sep	2012	<b>Progress:</b> '- EQA panel test for culture/DST have been sent by IMVS in early of May and already received by BLK Jayapura. '- IMVS SRL Adelaide, Australia in progress to prepare next batch of EQA panel. <b>Next steps:</b> IMVS SRL Adelaide to send EQA panel to 5 existing quality assured labs and 3 additional labs (RS Adam Malik, BLK Semarang and Microbiology UGM)
	<b>2.1.12</b>	Maintenance/Calibration of BSCs	KNCV	35,039	 0%	Sep	2012	Will be done in Q4
	<b>2.1.13</b>	Support TB Lab renovation	KNCV	116,795	 25%	Sep	2012	<b>Progress:</b> '- Preliminary assessment by World BioHazard as Biosafety consultant to BBLK Surabaya (National Reference Lab for culture/DST) have been done on 10 May 2012 and follow up assessment by conducting measurement on 8 June 2012. <b>Nex step:</b> '- World Biohazard to develop Lab design and document tender





	<b>2.1.14</b>	TA to supervise NTRL in West Java.	JATA	28,319	 75%	Jun	2012	During TA, e-File was introduced to NTRL to support EQA implementation.
	<b>2.1.15</b>	TA to conduct EQA Training & EQA WS	JATA	79,570	 75%	Sep	2012	Introducing e-File to TB programmer (Wasor) in district level by TA
	<b>2.1.16</b>	TA to set up administrative system fro NTRL	JATA	27,232	 75%	Sep	2012	Administrative system in NTRL is now being supported by e-File system developed. Server has also been set up in NTRL to support this administrative activity.
	<b>2.1.17</b>	EQAS for TB-HIV	FHI	33,718	 50%	Jun	2012	Multiple preparation and coordination meetings in East and West Java with PHO (HIV and TB managers), Provincial Health Laboratory were held. Results: List of facilities which will be involved in TB- HIV laboratory EQAS and sharing responsibilities between Provincial Health Laboratory, PHO and TB CARE. Follow up: Next quarter, announcement and panel testing will be sent. This activity will be completed in Q4.
	<b>2.1.18</b>	Coordination meeting between TB Lab WG and EXPAND-TB	WHO	18,545	 50%	Mar	2012	NTP agreed to combine this activity agenda into coordination meeting between NTP and BPPM. See activity 2.1.19.
	<b>2.1.19</b>	Coordination meeting between NTP and Directorate BPPM.	WHO	21,069	 50%	Mar	2012	First coordination meeting conducted at Bogor, 18-20 June, focused on developing networking mechanism between NTRLs, and integration of Expand TB project with National TB lab strengthening activities carried by TB CARE and GF. Follow-up meeting for TB Lab WG has postponed to the end of July due to National TB money meeting.
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>









2.2 Ensured the availability and quality of technical assistance and services	<b>2.2.1</b>	Improve capacity of QA culture and DST	KNCV	55,370	 75%	Sep	2012	<p>- Report of EQA panel test/proficiency test for culture/DFST for 2011 has been submitted to NTP/BPPM. All 5 quality culture/DST labs (Microbiology UI, RS Persahabatan, BBLK Surabaya, BLK Bandung and NEHCRI Makassar) are passed and successfully maintained their proficiency for First Line and Second Line DST.</p> <p>-TA by Richard Lumb, the TBCARE laboratory consultant from IMVS on 21 May - 13 June 2012 to 8 labs including RS Persahabatan, RS Adam Malik, BBLK Palembang, BLK Semarang, Microbiology FMUI, RS Soetomo, BBLK Surabaya and Microbiology UGM, on 03-27 October 2011.</p> <p>Culture/DST EQA panel test for 2012 will be sent on July/August to:</p> <ul style="list-style-type: none"> <li>- Existing 5 quality assured Labs (Microbiology UI, RS Persahabatan, BLK Bandung, BBLK Surabaya and NHCR Makassar) for FL and SL DST.</li> <li>- 4 additional Labs including Microbiology UGM, BLK Jayapura, BLK Semarang and RS Adam Malik for FL DST</li> </ul> <p>Next visit/TA: 17 September - 10 October 2012</p>
	<b>2.2.2</b>	Supervision	JATA	8,452	 63%	Sep	2012	<p>Will be completed in Q4.</p> <p>1)To supervise districts EQA activities at West Java Province (8 pilot area) due to strengthen NTRL function (supervision on adequate working space in all pilot areas).</p> <p>2)To provide PC, printer and partition for EQA unit and follow-up the installation of EQA unit</p>
	<b>2.2.3</b>	International TA for Lab	KNCV	74,888	 75%	Sep	2012	Please see activity # 2.2.1










	2.2.4	Technical Assistance to NTP and Referral labs	KNCV	11,731	 75%	Sep	2012	<b>Progress:</b> Provide TA to NTP, BPPM and referral lab for following activities: - Training for preparation of ZN reagent for referral labs technicians on 16-17 April 2012 in BLK Bandung (NRL for microscopy). Participants: 12 TB referral lab technicians (M=3, F=9). - Evaluation of AFB panel testing from 26 microscopy reference Lab on 18 May 2012 in BLK Bandung. Result: 19 labs are passed the panel testing while other six labs are failed. Next steps: On the job training for the failed labs. - Coordination meeting with NTP, BPPM and TB Lab working group on 18-20 June 2012 in Bogor. All 3 NRLs present their current activities, capacity and their plan as NRL - Developing POA of National Reference Lab for Microscopy (BLK Bandung) on 21-22 June 2012. Result: Draft POA to be discussed and finalized in coordination meeting with NTP, BPPM and TB Lab working group.  <b>Next step:</b> continue to provide TA to NTP, BPPM and referral labs
	2.2.5	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	3,390	 25%	Mar	2012	Request letter from NTP for consultant (Dr Ranjani) is in process, communication process with SEARO and WHO India has been initiated, tentative will be conducted in August. The timing of this activity has been scheduled to follow the lab coordination meeting (activity 2.1.19) for optimum output.
	2.2.6	Strengthen Capacity of NTP and Lab staff	WHO	10,170	 25%	Mar	2012	In discussions with FIND, WHO-SEARO and WHO-India, the venue has been identified and broad ToRs of visit agreed. A curriculum is being developed to suit the needs of visit. Tentative schedule is September 2012.
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date








2.3 Ensured optimal use of new approaches to the laboratory confirmation of TB and incorporation in national strategic lab plans	<b>2.3.1</b>	GeneXpert Site asesment visit	KNCV	17,029	 50%	Jun	2012	2 (two) additional GeneXpert site (RS Saiful Anwar Malang and RS Labuang Baji Makassar) were assessed on 5 and 7 June 2012 respectively to review their readiness to start implementation of GeneXpert. Result: - RS Sailful Anwar in Malang has a well-operating PMDT facility. The laboratory only requires minor renovations (A/C, repair small hole in wall) for Xpert placement. RS Saiful Anwar Malang was considered ready to receive training on and installation of Xpert. - RS Labuang Baji in Makassar has a very well functioning PMDT clinic, but the laboratory needs major improvements in terms of larger/lower windows, A/C and exhaust for ventilation, additional staff for smear microscopy/Xpert, laboratory SOPs, and recording. RS Labuang Baji Makassar cannot yet receive an Xpert machine until issues are resolved
	<b>2.3.2</b>	GeneXpert training for 12 sites	KNCV	39,279	 50%	Jul	2012	Preparation for next GeneXpert training have been started in June 2012. GeneXpert training for RS Saiful Anwar Malang and NEHCRI Makassar.
	<b>2.3.3</b>	HAIN test study phase 2	KNCV	49,395	 85%	Mar	2012	<b>Progress:</b> '- In phase II of the Genotype®MTBDRplus demonstration project, a total of 358 isolates are included. '- All laboratory data have been double entered. Data checks are ongoing. '- The collection of clinical data is still behind schedule. Technical officers of KNCV, based in Persahabatan hospital, offered help to the nurses with further data collection to ensure all data have been collected before end July.  <b>Recommendation/next steps:</b> '- Perform sequencing of rpoB hotspot region using SOP of Adelaide for 9 isolates with discrepant genotype/phenotype for rifampicin '- Re-culture and redo DST for 7 isolates with unlikely results '- Continue collection of clinical data from Persahabatan and Soetomo hospital '- Collect data on LJ (solid) culture and DST for Soetomo hospital (BBLK) '- Continue double date entry and data checking '- Start preparing the report for phase II of the study

	<b>2.3.4</b>	HAIN test for SLD	KNCV	16,320	 85%	Jun	2012	<p>Progress:</p> <ul style="list-style-type: none"> <li>- The Genotype®MTBDRsl project includes 138 samples. Almost all data were double entered in EpiData.</li> <li>- The quality of data entry was excellent.</li> <li>- Pre-sequencing PCRs has been set up and run on stock DNA with a success rate of 90% for rrs and of 67% for gyrA.</li> <li>- Conventional DST for strains with discordant results on Genotype®MTBDRsl and conventional DST will be repeated and simultaneously, rrs and gyrA hotspot regions will be sequenced for 32 samples.</li> </ul> <p>Next steps:</p> <ul style="list-style-type: none"> <li>- Reculture and redo DST for isolates with discrepant results on MTBDRsl test and DST and simultaneously perform sequencing of gyrA and/or rrs hotspot regions</li> <li>- Start preparing the report</li> </ul>
	<b>2.3.5</b>	GeneXpert on site training, installation and first running	KNCV	20,434	 75%	Sep	2012	<p>Progress:</p> <p>On site training, installation and first running of GeneXpert will be conducted after below conditions are achieved:</p> <ul style="list-style-type: none"> <li>- GeneXpert MoU signed by Directors of DTDC, MoH and Director of hospitals/Labs. MoU will be signed on 10 July 2012 during National TB Meeting.</li> <li>- The GeneXpert sites fulfil all requirements as stated in the MoU.</li> </ul> <p>MoU for the next 8 GeneXpert sites have been prepared and sent to the sites (RS Saiful Anwar Malang, RS Labuang Baji Makassar, BLK Bandung, BBLK Surabaya, NHCR Makassar, RS Adam Malik, Microbiology UGM and RS Sanglah) on June 2012.</p> <p>Next steps:</p> <p>Signing MoU with above 8 GeneXpert sites will be conducted on 10 July 2012</p>
	<b>2.3.6</b>	GeneXpert Supervision/Monitoring	KNCV	27,246	 75%	Sep	2012	<p><b>Progress:</b></p> <p>Supervision/monitoring for 5 initial sites (RS Persahabatan Jakarta, Microbiology FMUI, RS Soetomo Surabaya, RS Moewardi Solo and RS Hasan Sadikin Bandung) in collaboration with Lisa Shephard, the TBCARE laboratory consultant from IMVS and Sanne Van Kampen, TBCARE I PMU during 04 to 13 June 2012.</p>
	<b>2.3.7</b>	GeneXpert Coordination meeting	KNCV	26,050	 50%	May	2012	This activity will be completed in Q4




	<b>2.3.8</b>	APW for GeneXpert project manager (from NRL-Microbiology UI)	KNCV	12,614	Cancelled	Sep	2012	This activity is cancelled
	<b>2.3.9</b>	Recalibration of GeneXpert modules	KNCV	12,614	Cancelled	Sep	2012	This activity is cancelled. Cepheid (GeneXpert manufacture) confirmed that first calibration for 5 initial sites (RS Persahabatan Jakarta, Microbiology FMUI, RS Soetomo Surabaya, RS Moewardi Solo and RS Hasan Sadikin Bandung) will be conducted on March 2012 (under APA-3).
	<b>2.3.10</b>	International TA for GenExpert Implementation	KNCV	6,168	 100%	Jun	2012	Progress: TA by Lisa Shephard, the TBCARE laboratory consultant from IMVS and Sanne Van Kampen during 30 may to 13 June 2012 TA to 7 labs: - RS Persahabatan Jakarta, Microbiology FMUI, RS Soetomo Surabaya, RS Moewardi Solo and RS Hasan Sadikin Bandung for evaluation and monitoring of GeneXpert implementation. - RS Labuang Baji Makassar and RS Saiful Anwar Malang to assess their readiness to implement GeneXpert. See activity 2.3.1. and 2.3.6
					 <b>56%</b>			

<b>3. Infection Control</b>			<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Planned Completion</b>		<b>Cumulative Progress and Deliverables up-to-date</b>
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>				<b>Month</b>	<b>Year</b>	
3.1 Increased TB IC Political Commitment	<b>3.1.1</b>	Socialization TB IC implementation at provincial level	KNCV	10,985	 50%	Mar	2012	Socialization for TB IC implementation was conducted for 2 provinces (DKI and Central Java). Socialization for East and West Java is planned in July 2012. After socialization, the province will be able to start in-house training and implement TB IC.
	<b>3.1.2</b>	Update TBIC guideline for prison	FHI	4,423	 0%	Mar	2012	Will be completed in Q4. Discussion has been held with NTP and Ditjenpas, the plan is to use the global fund budget in Ditjenpas to support for this activity, and using TB CARE for preparation meeting or finalization.
	<b>3.1.3</b>	Printing updated TBIC guideline for prison	FHI	3,793	 0%	Mar	2012	Will be completed in Q4
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
3.2 Scaled-up implementation of TB-IC strategies	<b>3.2.1</b>	workshop on revision TB IC guideline, hospital and PHC building design	KNCV	4,004	 100%	Jun	2012	TB IC guidelines for healthcare facilities were revised and building design standard is incorporated within the guidelines.

	<b>3.2.2</b>	TB IC assessment to 10 new prisons/detention centers	FHI	22,790	 100%	Mar	2012	This activity is the continuity from APA1. After the TB IC assessment tool for prisons setting was developed and finalized by NTP, BUK, Ditjenpas, Perdalin and FHI 360, this activity was conducted in 20 TB CARE supported prisons by a team consisted of Ditjenpas, NTP, PHO, DHO and FHI. Feedback and recommendations which include having a TB IC plan, separate HIV and TB patients ward, separate TB suspects to allow for morning sputum collection, change the angle of window opening, etc, were provided to the head of prisons/detention centers. Follow up will be done during monitoring by TB CARE staffs.
	<b>3.2.3</b>	Workshop result of TB-IC assessment in Prison	FHI	19,195	 75%	Sep	2012	Feedback and recommendation were provided to the prisons stakeholder. One meeting will be held to wrap up the activities with Ditjenpas and NTP, and revise the assessment tools.
	<b>3.2.4</b>	In-house training for TB IC (for hospital staff)	KNCV	28,364	 25%	Jun	2012	In-house training for hospital staff was done in DKI. Other provinces will be in-house trained in July 2012.
	<b>3.2.5</b>	In-house training for TB IC (for workplace, prison , clinic)	KNCV	28,364	 0%	Jun	2012	This activity is planned in July
	<b>3.2.6</b>	Renovation outpatient clinic in Persahabatan Hospital	KNCV	17,519	 50%	Jun	2012	Renovation process is in progress and expected to finish in August.
	<b>3.2.7</b>	Renovation of selected Health Centers in East Jakarta and Surabaya	KNCV	35,039	 25%	Jun	2012	Currently renovation process in Jakarta and Surabaya is still in design and budget revision process. Tendering process will start in July and renovation will start in September.
	<b>3.2.8</b>	Renovation for treatment centers	KNCV	140,154	 25%	Jun	2012	Activities include assessment, design development, budget planning, tendering, and renovation. Field visit for assessment was done for treatment centers of 4 PMDT sites (Bali, DIY, West Java, and North Sumatra provinces). Renovation is expected to finish in September 2012.
	<b>3.2.9</b>	International TA (IC consultant)	KNCV	23,211	Cancelled	Jun	2012	Cancel Max Meiss' mission
	<b>3.2.10</b>	TA for TB-IC implementation and renovation 2011 .	KNCV	4,484	Cancelled	Jun	2012	TA is expected to be delivered by International IC consultant (see 3.2.9). This activity is cancelled.
	<b>3.2.11</b>	TA for TB-IC implementation and renovation 2012	KNCV	8,409	Cancelled	Sep	2012	TA is expected to be delivered by International IC consultant (see 3.2.9). This activity is cancelled.
	<b>3.2.12</b>	TBIC implementation monitoring in 5 provinces	KNCV	9,398	 0%	Sep	2012	TB IC implementation monitoring will be done after TB IC socialization and in house training. The activity is planned to be completed during the last quarter.
					 38%			









4. PMDT			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
4.1 Improved treatment success of MDR	4.1.1	Training for treatment centers	KNCV	58,789	 100%	Mar	2012	All 4 new provinces (North Sumatra, West Java, DIY and Bali) for first batch of PMDT expansion was trained for PMDT. This training was carried out by national PMDT training team and addressed for province and district health office, laboratories, and hospitals.
	4.1.2	Training for satellites PMDT staff	KNCV	28,621	 75%	April	2012	The next step of PMDT site expansion is to train satellite PMDT site staff. This training was carried out by provincial PMDT team. Three PMDT provinces already conducted this training (North Sumatra, West Java and Bali). Training for DIY is still in confirmation with local stakeholders.
	4.1.3	PMDT Socialization in new provinces	KNCV	24,264	 100%	May	2012	PMDT socialization is the first step into PMDT site expansion. This activity was already completed for first batch provinces of 2012 (North Sumatra, West Java, DIY and Bali).
	4.1.4	Involvement of private practitioner in PMDT	KNCV	12,790	 0%	May	2012	This activity is still waiting confirmation from NTP. Challenge to conduct this activity is that there is no PMDT technical officer in national level.
	4.1.5	Expansion of PMDT in new provinces in 2012	KNCV	19,499	 0%	June	2012	This activity is still waiting confirmation from NTP. Challenge to conduct this activity is that there is no PMDT technical officer in national level.
	4.1.6	PMDT site preparation in 2012	KNCV	5,116	 0%	June	2012	This activity is still waiting confirmation from NTP. Challenge to conduct this activity is that there is no PMDT technical officer in national level.
	4.1.7	Training for treatment centers	KNCV	58,786	Cancelled	July	2012	This activity is addressed for the second batch provinces. However preparation process (pre-assessment, self-assessment, and post assessment activities) could not finish in time. This activity and following activities are cancelled and reprogrammed in APA3.
	4.1.8	Training for satellites PMDT staff	KNCV	28,621	Cancelled	Aug	2012	See 4.1.7
	4.1.9	PMDT Socialization in new provinces	KNCV	24,184	Cancelled	Aug	2012	See 4.1.7
	4.1.10	Drug Resistant TB Case findings	KNCV	4,672	 100%	Dec	2011	DR TB Case finding support from TBCARE only applies for cases found before 1 January 2012. Case finding after 31 December 2012 will supported by GF funds.


















<b>4.1.11</b>	Sputum handling and transportation	KNCV	9,107	 75%	Sep	2012	Sputum handling and transportation for existing patients confirmed before 1 Jan 2012 in 5 sites (2 sites in East Java, 1 site each in Central Java, DKI, South Sulawesi) are supported by TBCARE I.
<b>4.1.12</b>	Home visit and contacts tracing of identified MDR TB cases.	KNCV	2,336	 75%	Sep	2012	Home visit and contact tracing are carried out for identified MDR-TB cases and also to trace patients not presenting to health center for treatment in 5 sites (2 sites in East Java, 1 site each in Central Java, DKI, South Sulawesi).
<b>4.1.13</b>	Treatment support (hospitalization, injection and other medical care for MDR cases)	KNCV	35,039	 75%	Sep	2012	Treatment support are delivered to MDR-TB patients diagnosed before 1 January 2012 in 5 sites (2 sites in East Java, 1 site each in Central Java, DKI, South Sulawesi).
<b>4.1.14</b>	Follow up smear and cultures patients under MDR treatment	KNCV	29,199	 75%	Sep	2012	Follow up examinations are conducted for MDR-TB patients diagnosed before 1 January 2012. This is an on-going activity.
<b>4.1.15</b>	Side effect management	KNCV	11,680	 75%	Sep	2012	Side effect management for MDR-TB patients diagnosed before 1 January 2012. This is an on-going activity.
<b>4.1.16</b>	General Laboratory examination ( LFT, KFT etc) for baseline and follow up	KNCV	23,359	 75%	Sep	2012	Examination is conducted for MDR-TB patients diagnosed before 1 January 2012 in 5 sites (2 sites in East Java, 1 site each in Central Java, DKI, South Sulawesi).
<b>4.1.17</b>	Quarterly patient gathering	KNCV	8,882	 25%	Sep	2012	The last patient gathering for DKI was conducted in June. The activity was attended by MDR-TB patients, ex-patients and experts (physicians or lung specialists). In this gathering ex-patients shared their experience under TB treatment and success story to motivate current patients. TB education was also provided by experts to the patients and ex-
<b>4.1.18</b>	Individual counseling	KNCV	350	 50%	Sep	2012	Side effect management for MDR-TB patients diagnosed before 1 January 2012. This is an on-going activity.
<b>4.1.19</b>	Enabler for patient	KNCV	126,139	 50%	Sep	2012	Side effect management for MDR-TB patients diagnosed before 1 January 2012. This is an on-going activity.
<b>4.1.20</b>	Shelter/dormitory facility facility	KNCV	12,614	 50%	Sep	2012	Shelter/dormitory is provided for in-patient care.
<b>4.1.21</b>	PMDT coordination meeting at Provincial level	KNCV	20,916	 50%	Sep	2012	Coordination meeting is held in 6 monthly basis for PMDT implementation. Coordination meeting in DKI was conducted in May 2012.
<b>4.1.22</b>	Data validation	KNCV	13,322	 25%	Sep	2012	PMDT data validation was conducted for DKI in April 2012.
<b>4.1.23</b>	Supervision	KNCV	1,437	 50%	Sep	2012	Supervision is on-going activity conducted to PMDT hospitals by PMDT technical officers.
<b>4.1.24</b>	Provide personal protection	KNCV	31,304	 100%	Sep	2012	More than 9000 N-95 masks were procured from 3M and distributed to NTP














<b>4.1.25</b>	PMDT IEC material	KNCV	2,920	 100%	Jul	2012	PMDT IEC materials were developed and printed
<b>4.1.26</b>	Training counselling and case management of PMDT	FHI	19,743	 0%	Sep	2012	Training module is being finalized. Training will be delivered in Q4.
<b>4.1.27</b>	PMDT counseling and case management training material review	FHI	2,671	 0%	Jun	2012	FHI 360 and KNCV edited the training module that has been drafted by TB CARE and NTP. The review of this draft will be conducted in last week of July.
<b>4.1.28</b>	Post assessment meeting for PMDT in 6 provinces.	WHO	9,375	 100%	Mar	2012	Held at Bogor from 11-16 June, 30 participants from NTP, National PMDT WG, partners, BPPM, NTRL and 5 provinces (NAD, W.Sumatera, N. Sulawesi, W.Sulawesi and Papua) attended this meeting. Self post assessment result had reviewed by national team and the draft of provincial PMDT scale up plan for 5 provinces has been developed.
<b>4.1.29</b>	Pre-assesment meeting of PMDT in 5 new sites .	WHO	4,091	 100%	Mar	2012	Held at Bogor, 14-15 June parallel to the above activity to have maximum efficiency of facilitators. GF provided additional support so that 10 instead of 5 provinces could attend this meeting. Self assessment tools were introduced and an action plan developed and agreed.
<b>4.1.30</b>	Assesment visit in 5 new PMDT sites.	WHO	15,914	 0%	Jun	2012	Field visit following 4.1.28 activity. Planned for NAD, W.Sumatera, N. Sulawesi, W.Sulawesi and Papua. The dates will be discussed at national money meeting in mid-July.
<b>4.1.31</b>	Post assesment meeting in 5 PMDT new sites.	WHO	7,592	 0%	Sep	2012	Meeting at National level following activity 4.1.29 to be planned at September involving 10 provinces.
<b>4.1.32</b>	Dissemination information on PMDT as part of NTP to high ranking health official.	WHO	28,234	 25%	Sep	2012	The agenda of activity has been developed and agreed with NTP. The activity intends to have advocacy with high ranking officers in presence of the honorable Minister of Health and had to be postponed until 24-27 July, based on the availability of the Minister of Health.
<b>4.1.33</b>	HRD on PMDT counselling (review).	WHO	6,718	 75%	Jun	2012	The roles and responsibilities of staff responsible for treatment adherence at various levels is being defined in the PMDT HRD document. This will be discussed further after the scheduled meeting in August.
<b>4.1.34</b>	Translation PMDT counselling documents	WHO	1,980	 0%	Sep	2012	Targeted to be completed in Q4 after the planned meeting in August and review of counselling documents (activity 4.1.36)
<b>4.1.35</b>	PMDT coordination meeting on clinical issues.	WHO	10,814	 0%	Jun	2012	Targeted to be completed in August 2012, after receiving full reports of GLC consultant as resource material of discussion. The activity was delayed because it needs to follow visit of external consultant and receiving full report.
<b>4.1.36</b>	Finalization of PMDT counselling documents.	WHO	10,678	 0%	Sep	2012	Targeted to be completed in Q4, in parallel with 4.1.34.






	<b>4.1.37</b>	International meeting/ workshop	WHO	16,950	 0%	Sep	2012	Targeted to be completed in Q4 depending on an appropriate international training being held.
	<b>4.1.38</b>	International PMDT training & study visit	WHO	20,340	 0%	Jun	2012	Plan for study visit to Nepal has been prepared in discussion with SEARO and WHO Nepal, tentative for July or August.
	<b>4.1.39</b>	International TA for PMDT counseling	WHO	14,690	 0%	Jun	2012	This activity will be completed in September based on the availability of the consultant, simulant with 4.1.34 and 4.1.36.
	<b>4.1.40</b>	Support the expansion and quality improvement of PMDT	WHO	43,683	 50%	Sep	2012	In country travel for NPO 1 as ongoing activity and will be completed in the next quarter as planned. The result of this activity is TA on PMDT had been delivered to NTP and provinces by NPO1 by participation on PMDT related activities conducted by NTP or partners.
	<b>4.1.41</b>	Internal TA for PMDT activities	WHO	35,496	 75%	Sep	2012	In country travel for national consultant as ongoing activity and will be completed in the next quarter as planned. The result of this activity is TA on PMDT had been delivered to NTP and provinces by national consultant by participation on PMDT related activities conducted by NTP or partners.
	<b>4.1.42</b>	International TA	KNCV		Cancelled	Mar	2012	Cancelled before approval of APA2. See activity 4.1.41
	<b>4.1.43</b>	Technical Assistance to NTP and PMDT sites	KNCV	7,568	 50%	Sep	2012	This activity could not be continued at national level due to the vacant position of PMDT technical officer in TBCARE representative office.
	<b>4.1.44</b>	Capacity building on incorporation of new rapid diagnostics in national PMDT	WHO	10,170	 25%	Mar	2012	The activity will be held together with activity at 2.2.6, to have maximum efficiency.
	<b>4.1.45</b>	Pre assesment meeting of PMDT expansion	WHO	5,008	 100%	Jan	2012	The meeting was incorporated with the national money meeting in Surabaya. The meeting was opportunity for situational analysis and opportunity to sensitize the staff for launch of preparatory activities. The assessment tools were introduced to staff for conducting the self-assessment.

	<b>4.1.46</b>	Assesment to newly selected sites (6 sites)	WHO	11,557	 100%	Jan	2012	The meeting was incorporated with the National Monev meeting in Solo. Based on the result of the self-assessment, the 6 provinces were requested to write down their plan of action for implementation of PMDT with the guidance of PMDT unit from central level. Based on each province self assesement, a guideline in writing the plan of action was introduced during monev meeting in Solo. The 6 provinces made preliminary draft of its PMDT work-plan, that will be presented and discussed during the post assesement meeting, that is planned to be conducted in end of April 2012 (activity 4.1.28), by the request of the NTP.
	<b>4.1.47</b>	Post assesment meeting to give feedback and make plan of action	WHO	18,903	 100%	Sep	2012	Combined with activity 4.1.28.
	<b>4.1.48</b>	PMDT clinical audit	WHO	12,198	 100%	Sep	2012	This activity is carry forward activity from APA 1 that was conducted in September 2011 incorporated with PMDT International Training in Jakarta by IUATLD. Site visit to Persahabatan Hospital as referral hospital for PMDT, East Jakarta District Health Office and 3 HCs. After the visit there was a technical meeting to discuss about MDR TB Management of Surabaya, Malang, Makassar and Surakarta sites.
	<b>4.1.49</b>	PMDT Clinical audit : Follow up	WHO	7,704	 25%	Mar	2012	Based on the recommendations on clinical management of DR-TB cases by the Green Light Committee (Dr Rohit Sarin) conducted in June, visiting 2 PMDT hospitals in Jakarta and Bandung and earlier reviews, discussions were held by the NTP on incorporation of findings. A follow-up meeting will be held by PMDT WG and experts from all PMDT sites tentatively in first week of August.
	<b>4.1.50</b>	external TA coordination and evaluation (1)	WHO	5,137	 0%	Mar	2012	The activity is postponed until the last quarter of APA 2 period based on NTP request.
	<b>4.1.51</b>	external TA coordination and evaluation (2)	WHO	7,345	 0%	Mar	2012	This coordination and monitoring meeting activity will be conducted simultaneously with 4.1.50.
	<b>4.1.52</b>	PMDT monev meeting at National Level	WHO	20,546	 100%	Dec	2011	Conducted in Bogor to review and analyse the PMDT activities of each site focusing on the performance of clinical expert team for improvement future PMDT services. This meeting recommended some changes on PMDT policy, including national algoritm for rapid diagnostic testing. All recommendation were incorporated in the revised PMDT guideline.

5. TB/HIV			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
5.1 Strengthened prevention of TB/HIV co-infection	5.1.1	Develop TB-HIV program management workshop presentation	FHI	2,579	 100%	Mar	2012	The activity did not need budget. NTP, NAP and FHI shared task in developing the presentation for the workshop.
	5.1.2	Workshop of TB-HIV program management	FHI	37,560	 100%	Mar	2012	The workshop was conducted in 1-3 March, 2012, involving TB and HIV program from 11 provinces. This activity was cost shared with Global Fund. <b>Result:</b> National TB/HIV team received inputs from provinces for the TB/HIV management book and the TB/HIV variables/reporting format is finalized and socialized to the 10 provinces. <b>Follow up:</b> Lay-out, printing and distribution of the book.
	5.1.3	TB-HIV TWG meeting in provincial level for 8 provinces	FHI	73,432	 50%	Sep	2012	TB-HIV TWG meetings were conducted in Central Java, Papua and West Papua. In general, the meeting discussed TB and HIV recording and reporting that is still challenging, the need to improve the role of TWG in the provinces and districts, challenges in networking/linkage, as well as planning for expansion of TB-HIV collaborative activities.
	5.1.4	TB-HIV TWG meeting in national level	FHI	1,191	 0%	Sep	2012	Will be done in Q4
	5.1.5	Develop IEC material for sputum collection	FHI	2,079	 0%	Jun	2012	Will be completed in Q4. Draft of IEC has been developed, FGD will be conducted in August.
	5.1.6	Printing IEC materials and SOP	FHI	19,877	 0%	Jun	2012	Will be completed in Q4
	5.1.7	World TB Day	FHI	3,907	 100%	Mar	2012	About 400 people came to FHI360 booth in TB Day, FHI provided TB/HIV IEC materials, talked about TB/HIV and gave some merchandise to the attendees.
	5.1.8	Internal M&E FHI meeting for quality improvement	FHI	65,528	 100%	Jun	2012	The meeting was conducted in Solo, May 2012, progress was tracked, challenges and strategy to speed up the APA2 activities were discussed










	<b>5.1.9</b>	Refreshing Reporting and recording for TB HIV health care facilities	FHI	48,626	 100%	Sep	2012	TB-HIV reporting and recording format was socialized in East Java, 2-4 April 2012. The meeting was attended by 90 participants, consisted of TB and HIV PHO and DHO staffs, 24 health services provider staff from 12 districts, and FHI. The districts: Malang D&C, Surabaya, Banyuwangi, Sidoarjo, Madiun, Gresik, Tulungagung, Blitar, Mojokerto, Jombang, Jember. Result: - Agreement that DHOs will send TB-HIV reporting after validating to PHO on 30th quarterly. - Agreement that PHO will send the reporting to MoH on 5th quarterly
	<b>5.1.10</b>	ME Meeting in provincial level	FHI	12,486	 100%	Sep	2012	ME meeting was conducted in Papua involving Province's 21 DHOs (including 10 TB-HIV priority districts). TB-HIV reporting format and SITT were socialized to participants. All of TB-HIV priority districts presented their achievement in TB and HIV. Some of the data was not validated, and will be followed up by DHO to the health facilities.
	<b>5.1.11</b>	Logistic for consumables (TBIC)	FHI	6,676	 100%	Mar	2012	Respirator and mask were procured and distributed to prisons, Pengayoman hospital and other facilities. 1200 masks were procured from 3M.
	<b>5.1.12</b>	TA to NTP on TB - HIV collaborative activities	WHO	1,900	 75%	Sep	2012	Ongoing activities and will be completed in Q4 by participating in TB-HIV collaboration activities held by NTP, NAP or TB CARE partners. TA had been provide to NTP and partner when their develop program and proposal. WHO provide assistance in TB-HIV recent activities such as preparation of HIV sentinel survey among TB patient, development of GF TB-HIV action plan July-December 2012 periods.
	<b>5.1.13</b>	Facilitate national TB-HIV trainings for HIV staff	WHO	3,294	 0%	Sep	2012	Based on schedule of national trainings, this will be completed in Q4 depend on the training schedule from NAP and partners. Targeted in August 2012.
	<b>5.1.14</b>	Facilitate national TB - HIV trainings for TB staff	WHO	3,065	 0%	Sep	2012	Based on schedule of national trainings, this will be completed in Q4 based on the training schedule of NTP and partner. Targeted in September 2012.

	<b>5.1.15</b>	Mentoring selected TB - HIV clinics	WHO	2,431	 50%	Sep	2012	Will be completed in Q4, so far the field visit could not be implemented due to overlapping schedule between mentoring TB-HIV visit and other activities. The clinics are being identified in coordination with FHI. Another approach had been agreed for hospital provided TB, HIV and PMDT services that during Q4 PMDT supervision cycles, mentoring on MDR-TB/HIV management will be conducted. The chapter of MDR-TB/HIV management had been successfully inserted in the PMDT guideline as a basic guidelines for mentoring.
	<b>5.1.16</b>	Provide Technical Assistance	WHO	12,306	 75%	Sep	2012	Ongoing activities and will be completed in Q4.
	<b>5.1.17</b>	Internal FHI TB HIV monitoring and evaluation meeting	FHI		Cancelled	Mar	2012	This activity was deleted before APA2 started. This is a duplication of 5.1.8
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
5.2 Improved diagnosis of TB/HIV co-infection	<b>5.2.1</b>	PITC Training for 3 provinces	FHI	38,630	 100%	Jun	2012	PITC trainings were conducted in Medan, Riau Islands, and West Papua. Participants: Doctors and nurses from 13 facilities in North Sumatra, 8 facilities in Riau Island, and 11 facilities in West Papua. This training involved more than 30 PLHIV as expert patient trainers.
	<b>5.2.2</b>	TOT for HIV rapid diagnostic and opportunistic infection laboratory training for lab technician	FHI	40,058	 100%	Jun	2012	FHI 360 with NAP in collaboration with Subdit TB, Directorate of Medical Support Services developed ToT module for this training. ToT was conducted in Bandung, with participants from 9 provinces (DKI Jakarta, West Java, Central Java, East Java, Riau Islands, North Sumatra, South Sumatra, South Sulawesi, Papua.
	<b>5.2.3</b>	Sub-agreement with 1 local NGO to promote HIV testing within TB suspects and TB patients in Jakarta	FHI	27,919	 25%	Sep	2012	Sub-agreement was signed in the middle of June 2012. Several activities have been conducted such as: Coordination meeting between PPTI DKI Jakarta and PPTI Baladewa Clinic, Start Up Meeting, TB-HIV refresher Workshop for PPTI Baladewa Clinic's Staffs held on 29 June 2012, TB-HIV Education to all clinic's visitor by video (given to 300 visitors). Among 140 TB suspects, 34 were tested for HIV, 10 of them were HIV positive. Next steps to be taken are to follow up on TB sputum examination result, treatment for HIV patients, follow up on others activities in sub-agreement
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>











5.3 Improved treatment of TB/HIV co-infection	<b>5.3.1</b>	TB-HIV training for TB staff	FHI	27,092	 100%	Jun	2012	The training was conducted in Surabaya, 27 May- 2 June 2012, attended by 40 participants from health facilities, and DHO in 6 districts (Gresik, Mojokerto, Jombang, Blitar, Jember, Tulungagung). Result: This training is pretesting for the newly revised TB-HIV modules, recommendation for improvement of the modules were submitted to NTP and NAP. Follow up: Mentoring to health facilities
	<b>5.3.2</b>	Clinical mentoring and program monitoring in 8 provinces including supervision	FHI	48,082	 75%	Sep	2012	<b>East Java:</b> Mentoring for TB-HIV program and recording reporting were provided to health facilities in Malang and Blitar District. HIV testing among TB patients still an issue in the districts due to stigmatization and discrimination, PITC and HIV management training for health provider were requested by the districts. <b>Central Java:</b> Mentoring were provided to RS Moewardi, BKPM Solo, RSUD Cilacap, <b>Papua:</b> Mentoring were provided to RSUD Jayapura, RSUD Nabire, RSUD Merauke and Mimika, PKM: sentani, waena, Timika kota, and Bumi Wonorejo. The emphasize of mentoring in PKM were on TB-HIV RR (most of the facilities were not using the updated version), and HIV testing for TB patients. In hospital, TB screening among PLHIV were promoted, and management of OIs were discussed.
	<b>5.3.3</b>	International travel	FHI	52,874	 25%	Sep	2012	Will be completed in Q4
	<b>5.3.4</b>	Develop and test SOP and internal linkage between MDR TB and HIV in ART Hospital	FHI	2,549	 100%	Jun	2012	The SOP was finalized in this quarter, and translated into English. The SOP includes for internal linkage between MDR TB and HIV clinic, consists of SOP for diagnosis TB MDR in HIV patients, diagnosis HIV in TB MDR patients, treatment for TB MDR-HIV co-infection, follow up examination for TB MDR-HIV co-infection, recording and reporting system. In 12 June 2012 Draft SOP MDR-HIV was finalized by TB-HIV Persahabatan Hospital Working Group. SOP will be processed by Persahabatan Hospital and signed as formal SOP by Director and will be used in PMDT clinic also in CST clinic of Persahabatan Hospital
					 64%			











6. Health Systems Strengthening			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	












6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners	<b>6.1.1</b>	Workshop for evaluation of ACSM training and module	KNCV	6,956	 50%	May	2012	This activity will be done in 2-4 July 2012. The result of this activity will be base for revising ACSM training curriculum and module.
	<b>6.1.2</b>	Study on TB budget allocation in district level	KNCV	11,680	 100%	May	2012	TB budget allocation study is being carried out as the part of exit strategy development of CDC MoH for GF ATM fund. Result will be available at the end of July 2012.
	<b>6.1.3</b>	Media Workshop (sensitize media, journalist to TB and TB MDR issues)	KNCV	5,858	 100%	Feb	2012	Workshop to sensitize media on MDR-TB was attended by 20 journalists from national and local media. These journalists also carried site visit to one of PMDT site. This activity involved Public Communication Center.
	<b>6.1.4</b>	World TB Day Campaign Event	KNCV	62,444	 100%	Apr	2012	Conduct fun bike and fun walk in Jakarta and involved Layanan Kesehatan Cuma-Cuma from a local NGO (free health services) and successfully drew 8000 people to participate and drew media attention.
	<b>6.1.5</b>	Development of Advocacy materials	KNCV	33,365	 0%	Aug	2012	International TA to assist the development of advocacy materials is planned to be delivered in September 2012
	<b>6.1.6</b>	ACSM Training of Trainer	KNCV	30,136	 0%	Sep	2012	This activity will be preceeded by activity 6.1.1 and carried out in the late August 2012.
	<b>6.1.7</b>	Supervision & Monitoring ACSM of activities	KNCV	2,340	 50%	Sep	2012	Supervision was conducted for Aceh to assess the readiness in implementing TB in UKBM (Upaya Kesehatan Berbasis Masyarakat - Public Based Health Services). Two districts in Aceh are ready to implement TB in UKBM and will be trained. There is one remaining province to be supervised, time of conduction is in coordination with NTP.
	<b>6.1.8</b>	Conduct a study on economic loss due to TB, develop results into an advocacy tool for the NTP, Provinces and Districts, and disseminate tool to all levels	MSH	49,524	 50%	Aug	2012	Initial data have been collected and protoype model has been developed in May 2012. Further analysis is being conducted and some data will be updated.
	<b>6.1.9</b>	Strengthening and expanding planning and budgeting skills and systems (based on the Central Java pilot) to increase local governmental funding for TB	MSH	86,691	Cancelled	Sep	2012	This was postponed until APA 3 at the request of the NTP.
	<b>6.1.10</b>	Conducting detailed cost and financing analyses of an expanded district TB program including the use of GeneXpert and a prison/MDR-TB program	MSH	37,533	 70%	Aug	2012	Data were collected in a 4 week visit in May 2012 to Central Java. The data are currently being analyzed and the report will be written in July/August 2012.






















	<b>6.1.11</b>	TB CARE I partner meetings	ATS	34,394	 75%	Sep	2012	TBCARE I partnership meeting is regularly conducted to maintain communications and coordinations among TBCARE I Indonesia partners, and monitor project to ensure that the project is being implemented as planned.
	<b>6.1.12</b>	TB CARE I consensus meeting for APA 3	KNCV	22,589	 75%	Jun	2012	TBCARE I consensus meeting was conducted in 25 May and 19 June 2012 to develop APA3 work plan. APA3 work plan is now at activity plan finalization. The next process is budget and narrative development.
		Futher developing and testing the strategy for generating increased revenue	MSH		Cancelled			Duplicated below
	<b>6.1.13</b>	Developing an implementation plan for the NTP exit strategy	MSH	13,406	 75%	Sep	2012	The Exit Strategy guidelines were completed and published by the MOH in April 2012. These are currently being translated into English. An M&E system was designed in April/May 2012 and will be tested in August 2012. Additional work was done on the plan in May 2012 and further updates will be made in September 2012.
	<b>6.1.14</b>	Further developing and testing the strategy for generating increased revenue	MSH	63,125	 50%	Sep	2012	An initial study on insurance was carried out in April and May 2012 and this will be expanded in September 2012
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components	<b>6.2.1</b>	Conduct Advanced Course for DOTS Acceleration (ACDA) and evaluation of the course	KNCV	88,083	 0%	Aug	2012	Will be conducted in August 2012.
	<b>6.2.2</b>	Leadership and programme management training in low DOTS performance provinces and districts	WHO	31,155	 0%	Jun	2012	Will be completed in Q4 after reviewing and updating the training materials and follow up mechanism, see 6.2.4
	<b>6.2.3</b>	Leadership and programme management post training supervision in low DOTS performance provinces and districts	WHO	12,481	 0%	Sep	2012	Will be completed in Q4 after reviewing and updating the training materials and follow up mechanism.
	<b>6.2.4</b>	Review and update training material: leadership and programme management training in low DOTS performance provinces and districts	WHO	12,327	 25%	Jul	2012	Replanned in July 2012 after national money meeting, as per the availability of resource persons from NTP and BPSDM.
	<b>6.2.5</b>	Develop curriculum and modules	WHO	10,517	 100%	Dec	2011	Training curriculum and the modules have been updated for TB capacity building in line with the national TB guideline. There are 18 types of TB training for improvement of TB HR.
	<b>6.2.6</b>	World TB Day	WHO	11,300	 100%	Mar	2012	TBCARE I supported World TB Day Commemoration for National Symposium at Menara 165.








	<b>6.2.7</b>	International TA for HRD	WHO	14,690	 100%	Sep	2012	Ms Karin Bergstrom from WHO HQ visited on February 2012 to provide TA in the updated HR development system and method. Her following visit in June provided essential inputs for PMDT HRD strategy. An assessment for PMDT training material was completed as a basis for updating. The last visit, though not funded through TB CARE, complemented the activity.
	<b>6.2.8</b>	International meeting/conferences	KNCV	32,900	 25%	Sep	2012	Registration for TORG members participation at IUATLD will be done in July 2012, after defining eligibility criteria.
	<b>6.2.9</b>	International meeting/workshop	WHO	10,170	 0%	Sep	2012	Will be completed in Q4, subject to organisation of an appropriate meeting/workshop.
	<b>6.2.10</b>	Internal TA for HRD activities	WHO	41,961	 0%	Sep	2012	The recruitment of NPO 2 is on the process, no in country travel reported.
	<b>6.2.11</b>	Provide Technical Assistance	WHO	8,875	 50%	Sep	2012	Ongoing activities and will be completed in Q4. The progress of this activity is continuous technical assistance in previous quarters.
	<b>6.2.12</b>	Workshop / course on influencing, networking and Partnership (carried forward from APA1)	The Union	55,864	 100%	May	2012	Replaced with activity "Advanced training of trainers for master trainers Batch 3". Approved by USAID/Mission April 2012. The ToT Batch 3 has been conducted on May 14-18, 2012, in Bali. Number of participants: 14, from 13 provinces (mostly from provinces that haven't been involved in the 1st and 2nd batch of ToT).
	<b>6.2.13</b>	Design Standardized TB Curriculum in medical schools in Indonesia (carried forward from APA1)	The Union	33,572	 100%	Jun	2012	Workshop on evaluation of integration of TB in competency based medical curriculum in Indonesia was conducted on June 13, 2012, attended by representatives from 15 medical schools in Indonesia, MoH, NTP, TBCTA, etc. Total attendants was 39 (22 male and 17 female attendants). This activity resulted in report on progress evaluation, challenges and lessons learnt in integration of TB into medical curriculum and action points to enhance integration of TB in medical curriculum.
	<b>6.2.14</b>	Comprehensive Course on Clinical Management of Drug Resistant Tuberculosis	The Union	75,554	 0%	Sept	2012	Will be completed in Q4
	<b>6.2.15</b>	Advanced Training -of-Trainers for master trainers Batch II	The Union	57,978	 100%	Feb	2012	ToT batch 2 was conducted on Feb 20-24, 2012, in Solo, with 16 participants.
	<b>6.2.16</b>	Advanced course on Public-Private Mix DOTS	The Union	56,586	Cancelled		2012	This activity is cancelled and reprogrammed to APA3
	<b>6.2.17</b>	Refresher TB Course for university lecturers	The Union	49,681	 0%	Sept	2012	Planned to conduct in 3-7 September 2012

	<b>6.2.18</b>	Implementation and adaptation of the PCA package which consist of five tools (QUOTE TB Light, Tool to Estimate Patient Costs, TB/HIV Literacy Tool, Patient Charter and Practical Guide to Improve Quality Patient Care) by involving NGO	KNCV	58,085	 25%	Jun	2012	All five tools were already adapted. Next steps will be recruiting enumerators and research assistant, research process, and taking end-line data. These activities are expected to be completed in August 2012.
	<b>6.2.19</b>	International TA	KNCV	36,956	 0%	Sep	2012	This activity will be Netty Kamp's visit from KNCV HQ September 2012.
	<b>6.2.20</b>	Staff Capacity Building	KNCV	59,211	 75%	Sep	2012	Capacity building was conducted for new and existing staffs in various technical areas including foundation of TB program management and PMDT.
	<b>6.2.21</b>	Leadership and progame management training in low DOTS performance provinces and districts.	WHO	28,250	 0%	Sep	2012	Will be completed in Q4 after 6.2.4 in different provinces than 6.2.2. Training material is available and being adapted for local use.
	<b>6.2.22</b>	Socialization of National HRD Action Plan and development of provincial training plan for 5 selected provinces.	WHO	13,483	 25%	Sep	2012	Proposal have been processed. Will be completed in August 2012.
	<b>6.2.23</b>	Facilitate coordination between NTP and BPPSDM	WHO	4,109	 100%	Mar	2012	Conducted in Bandung after the provincial training team workshop to have the same perception between NTP, BPPSDM and partners in the TB HRD.
	<b>6.2.24</b>	Mentoring implementation of HR plans	WHO	3,853	 50%	Jun	2012	Preparation and proposal of HR mentoring plan have been developed. Implementation of mentoring plan to selected provinces will be conducted in July 2012 (at the time this report compiled is already 75% and it will be 100% at the end of July)
					 49%			






7. M&E, OR and Surveillance			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
7.1 Strengthened TB surveillance	<b>7.1.1</b>	Monthly coordination meeting	KNCV	7,300	 75%	Sep	2012	To ensure the implementation of planned activities, coordination is being conducted among TBCARE partners, KNCV staff internally, and in provincial level. Senior management team (SMT) meeting is also being held in monthly basis to ensure that the benchmarks are achieved, to discuss and solve issues around partnership and project implementation.








	<b>7.1.2</b>	Biannual internal coordination meeting	KNCV	46,125	 75%	Sep	2012	Up to date, TBCARE has participated in one national level TB program monitoring and evaluation meeting in January. The next money meeting will take place in 9-14 July 2012. TBCARE I contributed in various activities in the meeting such as national TB data validation
	<b>7.1.3</b>	Implementation of TB web based RR to 2 pilot provinces	KNCV	13,587	 100%	Sep	2012	Initially, TB web based recording and reporting system (RR) or so called SITT (Integrated Tuberculosis Information System) was planned to be implemented in 2 pilot provinces but by NTP request the implementation was expanded into all provinces in Indonesia (33). TBCARE I supported SITT training to districts TB supervisors in Jambi province on June 13-14. Attended by 13 people (Female: 4; Male: 9). Support will also be provided for DKI province July 2012. The system was developed in a way that is not too heavy to load even for poor internet connection. In late June 2012, TBCARE I supported NTP in the finalization of the data collection and data uploading in (SITT phase 1) system to comply with condition precedents of GF ATM. Up to date, there are 382 districts data from 15 provinces were successfully uploaded (74% of all districts). In view of TBCARE I areas, 136 out of 192 districts in TBCARE areas (70%)
	<b>7.1.4</b>	Develop mechanism for routine reporting in TB-community setting	KNCV	2,546	 0%	Sep	2012	This activity is to support routine reporting in local NGOs around DKI and West Java. Planned conduction is September 2012.
	<b>7.1.5</b>	Socialization of DR Sentinel surveillance to 1 pilot area	KNCV	3,710	 0%	Sep	2012	This activity is planned in early September 2012 by NTP.
	<b>7.1.6</b>	Protocol development for sentinel surveillance for HIV among TB patients	KNCV	13,543	 0%	Apr	2012	This activity is in line with activity 7.1.15 and is planned to finish in the last quarter of APA2
	<b>7.1.7</b>	Finalize the ultimate changes required and agreed upon for the e-TBM drug management module and related reports	MSH	43,297	 75%	Sep	2012	Will be done in Q4
	<b>7.1.8</b>	Develop a dashboard of key indicators to be selected, informed and extracted from the e-TBM	MSH	17,710	 50%	Sep	2012	Will be finalized in Q4
	<b>7.1.9</b>	Revise and update the user's manual to comply with the frozen operational version	MSH	5,533	 75%	Sep	2012	Will be finalized in Q4
	<b>7.1.10</b>	Technical review of overall activity implementation for APA2 and technical planning for APA3	MSH	25,773	 50%	Sep	2012	On-going
	<b>7.1.11</b>	Discuss with NTP and FLDs management team the possibility to set up a pilot to explore the usefulness and relevance of using e-TBM for FLDs in one site	MSH	18,886	 0%	Sep	2012	Will be re-programmed - current status of other systems development yet unclear, articulation needed to take a decision

<b>7.1.12</b>	Provide regular and ad-hoc support in e-TB Manager use; continue to assist NTP and KNCV in e-TBM troubleshooting remotely	MSH	9,079	 25%	Sep	2012	On-going
<b>7.1.13</b>	Conduct on-site visits to evaluate the use of e-TBM with final users, KNCV and NTP to identify the main challenges and adapt accordingly to the training materials. Evaluation workshop July 2012	MSH	74,914	 40%	Jul	2012	On-going
<b>7.1.14</b>	Participate in the upcoming trainings to provide support for e-TBM expansion to new sites as planned according to PMDT expansion plan	MSH	9,687	 40%	Sep	2012	On-going
<b>7.1.15</b>	Meeting to review, evaluate & finalize guideline of HIV surveillance in TB patients	FHI	27,021	 25%	Mar	2012	Two meetings with NTP and NAP were held to have the same perception with regard to TB-HIV surveillance, and develop further planning for the activities. Follow up meeting will be to review the guideline draft developed.
<b>7.1.16</b>	Training HIV surveillance in TB patients at selected sites	FHI	1,320	Cancelled	Mar	2012	This activity is cancelled and was agreed with NAP and NTP to start implementing TB-HIV sentinel surveillance next year (reprogrammed to APA3).
<b>7.1.17</b>	Support NTP to validate data in selected provinces	WHO	14,412	 50%	Jun	2012	NTP seeking technical support from WHO to validate TB data from provinces during National TB money meeting in Solo, January 2012 and next Money at Lombok, July 2012.
<b>7.1.18</b>	Support in generating TB data for Global Report	WHO	5,675	 100%	Jun	2012	Data from Indonesia was completely submitted for the WHO global TB data collection system before the due date of May 16.
<b>7.1.19</b>	Support in developing forms for routine recording and reporting for TB program including TB-HIV	WHO	10,954	 100%	Jun	2012	Final forms for routine RR for TB-HIV have been updated and starting to be implemented.
<b>7.1.20</b>	Support in developing guidelines on routine recording and reporting for TB program including TB-HIV	WHO	8,342	 100%	Jun	2012	National guideline on routine TB-HIV RR have been developed.
<b>7.1.21</b>	Support in DRS sentinel (1)	WHO	660	 50%	Aug	2012	The post field visit follow up meeting for sentinel DRS was conducted in 4th week of June 2012, using GF funding. Proposal of translation will be submitted after FU meeting.
<b>7.1.22</b>	Support in DRS sentinel (2)	WHO	14,442	 0%	Sep	2012	To be discussed with NTP. The proposal is in process, the meeting will be a continuation after follow up meeting, tentative schedule: September 2012.








	<b>7.1.23</b>	Support preparation of TB prevalence survey	WHO	5,899	 25%	Sep	2012	Internal technical assistance was provided, draft of surveillance protocol have been developed. Stratification of sample, sampling methods and cluster selection has been completed. Further support will be provided after Thailand visit including finalization of protocol in July 2012, field test and pilot test scheduled to be implemented in September-October period.
	<b>7.1.24</b>	TA from HQ for prevalence survey	WHO	7,345	 100%	Mar	2012	Dr Ikushi Onozaki held consultative meetings from 26-30 March with NIHRD and NTP colleagues to discuss the protocol for prevalence study and making initial preparations. A floor plan for prevalence study and team composition were also discussed during the visit.
	<b>7.1.25</b>	Develop MIS software for data base for the trainees and post training evaluation	WHO	29,906	 0%	Jun	2012	Will be completed in Q4.
	<b>7.1.26</b>	Technical assistance to DRS (1)	WHO	7,345	 100%	Feb	2012	TA from HQ for DRS implementation - draft of DRS Report is still under discussion with WHO HQ and planned to be implemented before end of last quarter of APA 2 period.
	<b>7.1.27</b>	Technical assistance to DRS (2)	WHO	5,650	 0%	Mar	2012	The activity is postponed until the last quarter of APA 2 period based on NTP request in which WHO will support international training for MoH staff to participate in training in SEARO's country.
	<b>7.1.28</b>	Provide technical assistance to design and develop protocol for prevalence survey.	WHO	12,995	 100%	Feb	2012	Based on request from the DG, MoH and NTP these funds were reprogrammed for visit of Phillipe Glaziou and Charalampos Sismanidis (7.2.7) to undertake analysis of available epidemiological data and prevalence studies to project the trend of disease burden. The visit took place from 13-17 February and included a consensus building workshop within the country. The support also will be given for additional MoH staff to Thailand for observation visit on 26 June - 3 July '12.
	<b>7.1.29</b>	Observation visit to Thailand TB prevalence survey	WHO	8,475	 100%	Mar	2012	Completed, team from Indonesia consisting of 6 people visiting Thailand to learn about National TB Prevalence survey, 26 June-3 July.
<b>Outcome</b>	<b>Activity #</b>	<b>Activity</b>	<b>Activity Leader</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	<b>Cumulative Progress and Deliverables up-to-date</b>



7.2 Improved capacity of NTPs to analyze and use quality data for management of the TB program	<b>7.2.1</b>	Technical meeting for the development of TB web based Recording & Reporting (RR)	KNCV	5,728	 0%	Aug	2012	This activity is postponed into the last quarter by NTP. The activity includes meeting among TBCARE I partners involved in further development of SITT (SITT phase 2) in 23 July 2012 and also preparing revision of SITT phase 1 at the end of July.
	<b>7.2.2</b>	Training of trainer	KNCV	4,327	 100%	Jun	2012	-TBCARE I involved in the National ToT for Central team as the preparation of SITT implementation in provincial and district level on June 1 in Jakarta and participated by 13 people (female : 7, male : 6). -TBCARE I facilitated in the ToT on SITT, participated by: 76 persons including NTP staff (central, provincial TB supervisors and provincial data & information officers), FHI, KNCV and SITT developer on June 6-9 in West Java. The objective was to introduce and train provincial TB supervisors in using SITT
	<b>7.2.3</b>	Design the model of a regular epidemiological report to be issued with data from the e-TBM and to be disseminated among NTP and PMDT actors	MSH	6,111	 50%	Sep	2012	Report is still in process
	<b>7.2.4</b>	Workshop to develop TOR for procurement of software development	FHI	1,903	 0%	Sep	2012	Discussion with NTP was held and agreed that the workshop for detail planning of phase 2 SITT will be conducted. The activity will be conducted in Q4.
	<b>7.2.5</b>	Training for Piloting software	FHI	34,047	 75%	Sep	2012	This quarter, FHI360 closely guided the software development process, together with NTP M&E Team. Assistance provided to NTP to connect with Pusdatin with regard to the use of Pusdatin infrastructure, and assured that the name and design of SITT website are using the MoH standard system, also prepare manual for SITT which includes data migration process, and training materials (video and presentation). Training was provided for trainers (NTP and KNCV) Almost all of the budget for the SITT development and implementation were using the Global Fund. Training for 33 PHOs and Pusdatin staffs was conducted in 6-8 June 2012, total participants were 75 people. Each provinces uploaded TB cases data at least for one district. PHOs will train DHOs on SITT, assisted by national team. Training in the provinces were conducted in Central Java (28-30 June), East Java (19- 21 June), and West Java, resulting in all East Java districts and most of districts in Central and West Java TB data were uploaded.












<b>7.2.6</b>	Software Guidelines and protocol development	FHI	2,561	 0%	Sep	2012	Guideline and protocol development will be started to be drafted in Q4.
<b>7.2.7</b>	Support operation of TA	WHO	7,345	 100%	Mar	2012	Based on request from the DG, MoH and NTP to have Dr Phillipe Glaziou and Dr Charalampos Sismanidis (7.1.28) to undertake analysis of available epidemiological data and prevalence studies to project the trend of disease burden. The visit took place from 13-17 February and included a consensus building workshop within the country.
<b>7.2.8</b>	MIFA trainings and follow up supervision (1)	WHO	58,958	 25%	Mar	2012	Proposal from WNT has been sent to NTP, waiting NTP approval. Proposal from North Maluku still being processed by PHO. Training in WNT will be conducted in September. For North Maluku will be propose again in APA3.
<b>7.2.9</b>	MIFA trainings and follow up supervision (2)	WHO	28,483	 25%	Sep	2012	Proposal from Kepri has been sent to NTP, waiting NTP approval, will be implemented in September.
<b>7.2.10</b>	Post training evaluation of MIFA ( 1)	WHO	3,177	 0%	Mar	2012	The activity is postponed based on NTP request and planned to be conducted in July 2012 for East Nusa Tenggara.
<b>7.2.11</b>	Post training evaluation of MIFA (2)	WHO	6,012	Cancelled	Jun	2012	First post training evaluation will be conducted 3 months after 7.2.8. Consider to put in APA3 budget
<b>7.2.12</b>	Post training evaluation of MIFA (3)	WHO	2,862	Cancelled	Sep	2012	First post training evaluation will be conducted 3 months after 7.2.9.Consider to put in APA3 budget
<b>7.2.13</b>	Internal TA for Surveillance activities	WHO	38,873	 50%	Dec	2011	Ongoing activities and will be completed in Q4. The activity is in progress by providing TA in past quarters.
<b>7.2.14</b>	Provide Technical Assistance	WHO	8,875	 75%	Jun	2012	Ongoing activities and will be completed in Q4. The activity is in progress by providing TA in past quarters.



	<b>7.2.15</b>	International TA from KNCV HQ	KNCV	32,175	 50%	Sep	2012	Nico Kalisvaart's mission from 21-31 June 2012 carried out discussion with center data and information-MoH, NTP, TBCARE partners and visit to Central Kalimantan province. This mission resulted in recommendation as follows: 1) In order to develop and implement SITT optimally, data management unit (DMU) is needed to support and provide : - field workers/helpdesk/digital manuals/data dictionary (including definitions) - Procedures - Skills/Training - Equipment/soft ware 2) And Data Management Plan (DMP) includes - Data validation procedures - Data analysis plan - Data reporting plan - Data dictionary The next mission is expected to be on September 2012 with proposed objective to conduct data management training to central team (NTP and Center for Data and Information - MoH or Pusdatin) and assistance for Pusdatin and NTP for system integration
Outcome	Activity #	Activity	Activity Leader	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.3 Improved capacity of NTPs to perform operational research	<b>7.3.1</b>	Support operational for TORG	KNCV	17,751	 75%	Sep	2012	TORG coordination meeting was done 2 times in Q1 and Q2. The next coordination meeting will be carried out in July 2012.
	<b>7.3.2</b>	Support the establishment of TORG website	KNCV	2,686	 25%	Jun	2012	Coordination has been made with NTP to develop the website in connection to existing NTP website <a href="http://www.tbindonesia.or.id">http://www.tbindonesia.or.id</a>
	<b>7.3.3</b>	Access to International TB Journal or publications	KNCV	280	 0%	Sep	2012	This will be conducted in Q4
	<b>7.3.4</b>	Workshop on policy brief and effective advocacy from research results	KNCV	14,476	 50%	Sep	2012	Will be conducted in Q4 for 10 research articles (4-5 September 2012)
	<b>7.3.5</b>	Workshop for International publication writing skills	KNCV	14,476	Cancelled	Sep	2012	This activity is planned to prepare researchers to write their research result for international level publication. This activity is cancelled due to limited research publications eligible for international publication.
	<b>7.3.6</b>	Support participation of researchers in international TB conferences .	KNCV	14,700	 25%	Sep	2012	Support TORG members, facilitators, KNCV and NTP for participation in IUATLD. Participants will be registered in July 2012.
	<b>7.3.7</b>	Workshop on developing TB operational research proposal including support for the implementation of the researchs .	KNCV	77,388	 100%	May	2012	Workshop was conducted for batch 9 in May-June 2012. Research proposals are now under review. Research process for batch 9 is expected to start in APA3.

	<b>7.3.8</b>	Supporting selected research projects based on the priority topics	KNCV	104,794	100%	Mar	2012	Research proposals were selected. This support resulting in the conduction of batch 7-8 research.
	<b>7.3.9</b>	International TA from HQ	KNCV	79,548	100%	Mar	2012	Edine Tiemersma's mission in 12-22 March 2012 includes technical assistance to Bali Province TORG and for Genotype MTBDR <sub>plus</sub> study and project.
	<b>7.3.10</b>	Workshop for analysis and reporting of Operational Research Group Batch 7 & 8	KNCV	17,965	Cancelled	Sep	2012	This activity is planned to be cancelled and reprogrammed in APA3 due to late start in operational research implementation
	<b>7.3.11</b>	Conduct supervision and facilitate the OR group on Batch 7 and 8	KNCV	6,090	25%	Sep	2012	Supervision was carried out in June for batch 7-8 to address research implementation issues. This activity was planned for 4 supervisory visits but only 1 was conducted in APA2 due to late start of batch 7-8 research.
	<b>7.3.12</b>	Operational Research batch 7 and 8 implementation (from APA1)	KNCV	59,566	25%	Sep	2012	Batch 7-8 operational research is ongoing
					50%			

8. Drug supply and management			Activity Leader	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome	Activity #	Activity				Month	Year	
8.1 Ensured nationwide systems for a sustainable supply of anti-TB drugs	<b>8.1.1</b>	Ensure logistic system Implemented	KNCV	11,493	100%	Jun	2012	Support quality assurance of FLD in provincial, district and health facility level. Drug sample was taken and delivered to BPOM, further activities are handed over to GF.
	<b>8.1.2</b>	Increasing knowledge and skill on general logistic and Drug Management	KNCV	6,356	100%	Sep	2012	This activity resulted in trainers on logistics in provincial and district level consisting of TB managers and staff from pharmacy installation.
	<b>8.1.3</b>	Increasing knowledge and skill on managing second line TB drug	KNCV	13,308	50%	Sep	2012	Bali province was prepared for SLD management. Remaining provinces are West Java and DIY.
	<b>8.1.4</b>	Increasing knowledge and skill on managing second line TB drug	KNCV	27,533	0%	Sep	2012	This activity could not be conducted due to delayed PMDT expansion. Propose to cancel this activity and include it in APA3.
	<b>8.1.5</b>	Ensure availability of infrastructures for implementation e-TB Manager	KNCV	17,519	25%	Sep	2012	Computer specification for e-TB manager software implementation is under discussion
	<b>8.1.6</b>	Updated ETB Manager Handbook	KNCV	4,763	75%	May	2012	Draft e-TB Manager Handbook will be finalized in August/September 2012
	<b>8.1.7</b>	Ensure Training Module for SLD is updated	KNCV	8,135	100%	Mar	2012	SLD training module was updated and finalized in 7-8 Mar 2012. Module will go through editing layout then will be used for SLD training in April 2012.

	<b>8.1.8</b>	Printing and distribution logistic handbook	KNCV	7,008	 75%	May	2012	Logistics handbook was printed. Distribution to provinces is in progress.
	<b>8.1.9</b>	Printing and distribution etb Manager Handbook	KNCV	1,051	 0%	May	2012	This activity is preceded by activity 8.1.6. Printing and distribution are planned in September.
	<b>8.1.10</b>	Ensure cold chain is maintained for 2ndline drugs when necessary i.e PAS	KNCV	5,256	 100%	May	2012	Drug boxes for storing SLD were procured for hospital and referral health centers, refrigerators were procured for hospitals
	<b>8.1.11</b>	Ensure ediquate supply of MDR TB medicines to MDR treatment sites and esure patient friendly supply system for daily medicine	KNCV	5,256	 100%	May	2012	Drug boxes were procured in provincial level
	<b>8.1.12</b>	Increasing knowledge and skill about e-TB Manager software	KNCV	24,775	 100%	Sep	2012	Provincial and district health office, hospital and laboratory were trained for SLD and e-TB manager for 3 provinces, Bali, DIY and West Java.
	<b>8.1.13</b>	Support for the NTP in addressing SSF GFATM coniditions precedent and associated dealings with GFATM	MSH	81,136	 75%	June	2012	Outsourced storage 'Special Term and Condition" addressed and accepted by Global Fund, June 2012. Draft SOPs for QA @ POE developed and circulated.
	<b>8.1.14</b>	Finalize the outsourcing process for inbound logistics for FLD & SLD. Support the NTP in the ongoing management of this activity	MSH	9,520	 50%	Sep	2012	Activity due for finalization next quarter.
	<b>8.1.15</b>	Support the supply chain HR (PtD) projects as led by CHAI and JSI/DELIVER	MSH	4,760	 50%	Jun	2012	MSH have approved to provide funding for next PtD national workshop, due September 2012, with TB focus.
	<b>8.1.16</b>	System Design - provide inputs to the recording and reporting system as agreed will be utilized for FLD	MSH	4,760	 25%	Mar	2012	TBCARE systems forum now established. Detailed logistics inputs due, next quarter.
	<b>8.1.17</b>	Forecasting capacity - FLD & SLD	MSH	9,964	 50%	Jun	2012	Support for GDF / GLC mission provided, June 2012 when new annual forecasts completed.
	<b>8.1.18</b>	Drug Management calendar	MSH	4,760	 63%	Mar	2012	

## Quarterly MDR-TB Report

Country	Indonesia
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Period	April - June 2012
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### MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment
2009	34	20
Jan-Dec 2010	182	142
Jan-Sep 2011	255	170
Oct-Dec 2011	71	78
Total 2011	326	248
Jan-Mar 2012*	131	72
Apr-Jun 2012**	250	126
To date in 2012	381	198
Total	923	608

\* = included those examined with Xpert machines

\*\* = source monthly report

## Quarterly GeneXpert Report

<b>Country</b>	<b>Indonesia</b>	<b>Period</b>	<b>April - June 2012</b>
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**Table 1: GeneXpert instruments and cartridges procured or planned by quarter**

	Procured			# still planned for procurement in APA 2	Month, Year procurement planned (i.e. April 2012)
	Jan-Dec 2011	Jan-Jun 2012	Cumulative		
# GeneXpert Instruments	17		17	0	0
# Cartridges	1700		1700	0	0

**Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Instrument	# of Modules (1, 2, 4, or 16)	Location(s) (facility name & city/province)	USG Funding Source (e.g., PEPFAR COP FYxx,	Partner/ Implementing Organization; Additional Comments
Procured	1	4	Microbiology, FM UI, Jakarta	USAID	Partner: KNCV TBCARE
Procured	2	4	Persahabatan Hospital, Jakarta	USAID	Partner: KNCV TBCARE
Procured	3	4	Pengayoman Hospital, Jakarta	USAID	Partner: KNCV TBCARE
Procured	4	4	Hasan Sadikin Hospital, Bandung	USAID	Partner: KNCV TBCARE
Procured	5	4	Soetomo Hospital, Surabaya	USAID	Partner: KNCV TBCARE
Procured	6	4	Moewardi Hospital, Solo	USAID	Partner: KNCV TBCARE
Procured	7	4	Saiful Anwar Hospital, Malang	USAID	Partner: KNCV TBCARE
Procured	8	4	Labuang Baji Hospital, Makassar	USAID	Partner: KNCV TBCARE

Procured	9	4	BBLK Surabaya	USAID	Partner: KNCV TBCARE
Procured	10	4	BLK Bandung	USAID	Partner: KNCV TBCARE
Procured	11	4	Karyadi Hospital, Semarang	USAID	Partner: KNCV TBCARE
Procured	12	4	Cilacap Hospital, Cilacap	USAID	Partner: KNCV TBCARE
Procured	13	4	Sanglah Hospital, Bali	USAID	Partner: KNCV TBCARE
Procured	14	4	NEHCRI Lab, Makassar	USAID	Partner: KNCV TBCARE
Procured	15	4	Microbiology, FM UGM, Yogya	USAID	Partner: KNCV TBCARE
Procured	16	4	Adam Malik Hospital, Medan	USAID	Partner: KNCV TBCARE
Procured	17	4	BLK Papua, Jayapura	USAID	Partner: KNCV TBCARE

<sup>1</sup> Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011).  
Add rows if there are more than 8 instruments in total.

**Table 3: Cumulative Xpert MTB/RIF Cartridges Procured to Date or Planned for Next Quarter**

Already procured or still planned? (i.e. Write "Procured" or "Planned")	Order #	# of Cartridges*	Location(s) (facility name and city/province)	USG Funding Source (e.g., PEPFAR COP FYxx,	Comments
Procured	1	1700	TBD	USAID	
Planned	2	1500	TBD	Global Fund	
Planned	3	1000	TBD	USAID	Procurement process will start in July 2012
*There are 10 cartridges per kit, but we need the total # of <b>cartridges</b> (not kits) Add an additional row for every procurement order of cartridges					

Any additional information/clarifications to the above (optional)

5 GeneXpert sites already start operating since March 2012: (1) Microbiology FM UI Jakarta, (2) Persahabatan Hosp. Jakarta, (3) Moewardi Hosp. Solo and (4) Soetomo Hosp. Surabaya (5)

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) & Xpert MTB/RIF cartridges

So far there is no significant technical problem in using of GeneXpert machine and cartridge. Limitedness of MDR TB treatment centre is contribute significantly in placement of the rest machine. GeneXpert placement only can be done at sites where treatment of MDR TB already available or at least have linked with MDR TB treatment centre.

Please describe technical assistance or evaluation of implementation activities performed and planned.

External technical assistance by TBCARE I and Supranational TB reference lab (IMVS/SA Pathology, Australia). During APA2, Sanne van Kampen (TBCARE I) visited twice in January and May 2012, IMVS visited three times (Richard Lumb in October 2011 and May 2012, Lisa Shepherd in June 2012).

## Quarterly Photos, Charts and Other Materials

### Suspect Tested Using GeneXpert and MDR TB Patients Put on Treatment

No	Sites	Implementation Start Date	Number of Suspects				MTB positive/ Rif resistant	Patient put on treatment
			MDR TB	TB HIV	MDR TB HIV	Total suspect		
1	Persahabatan Hosp.	05-Mar-12	252	17		269	87	32
2	Moewardi Hosp.	08-Mar-12	110	11	3	124	29	21
3	Microbiology UI	12-Mar-12		122		122	3	
4	Soetomo Hosp.	20-Mar-12	84	36		120	42	17
5	Hasan Sadikin Hosp.	03-Apr-12	73	43		116	23	9
<b>Total</b>			<b>519</b>	<b>229</b>	<b>3</b>	<b>751</b>	<b>184</b>	<b>79</b>

### In patient room for MDR patients in Pengayoman Hospital



Before advocation and TA from TBCARE I



After advocation and TA from TBCARE I



Mobile X-ray in Cibinong Prison, West Java





Clinical mentoring in Salemba  
Detention Center, DKI Jakarta



TB and TB-HIV education in  
Rutan Bambu Detention Center,



PITC training for North Sumatra



Mentoring in Remu Hospital, West Papua

## TBCARE I APA3 Consensus Meeting



Consensus meeting participants discuss M&E plan and activity plan in groups based on technical area



TBCARE I APA3 Consensus Meeting was attended by USAID, NTP, TBCTA, and other major stakeholders